

Office of the Registrar (229) 333-5727 http://www.valdosta.edu/academics/registrar

## FINAL GRADE APPEAL PROCESS & FORM

#### **POLICY**

Students have the right to appeal their grades; however, they should do so within **thirty calendar days** of the grade's posting on BANNER.

Students who have just cause to appeal the assignment of a grade must first discuss the problem with their instructor. Further appeals are then directed, in order, to their instructor's Department Head/Director, and the instructor's Dean's office (Dean/Associate Dean). *The decision by the Dean's Office is final*; no further appeals are available.

#### RATIONALE FOR GRADE APPEALS

Any student considering a grade appeal should understand that each faculty member has the right and responsibility to determine grades according to any method chosen by the faculty member as long as these methods follow professional and disciplinary standards, are clearly communicated to everyone in the class, and are equally applied to all students.

student should email the grade appeal along with all required support documents to the instructor AND the department h(\( \frac{1}{4}\) \( \frac{1}\) \( \frac{1}{4}\) \( \frac{1}{4}\) \( \frac{1}{4}\) \( \frac{

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Section C: Instructor (to be completed within 10 working days of receipt of grade appeal form)

The instructor should review all materials submitted by the student, consult with the student as needed, then complete this section of the Grade Appeal.

| complete this section of the Grade Appeal.   | ·  |                                    |  |  |  |
|--|--|------------------------------------|--|--|--|
|  |  |                                    |  |  |  |
| Department   | Instructor's Name                          | Date the Grade Appeal was Received |  |  |  |
| The student has made the case for a grade change, attached is a grade change form.  *Grade will be changed from: to: |  |                                    |  |  |  |
| The student has not made the case f  | or a grade change.                         |                                    |  |  |  |
| The grade appeal does not fit the sta  | ated criteria and has been forwarded to th | ne Department Head/Director.       |  |  |  |



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Section D: Department Head/Director (to be completed within 10 working days of receipt of grade appeal form)

| The Department Head/Director should review all materials submitted; the student's case for appeal as well as the instructor's comments, consulting with both the instructor and the student as needed as well as other appropriate resources, then complete this section of the Grade Appeal. |                               |                                    |  |  |
|---|-------------------------------|------------------------------------|--|--|
|   |                               |                                    |  |  |
| Department  | Department Head/Director Name | Date the Grade Appeal was Received |  |  |
| The grade appeal does not fit the stated criteria and has been forwarded to the Dean's Office.  |                               |                                    |  |  |
| The Instructor has agreed to change x A Grade Change Form is a  | the original grade from: to:  |                                    |  |  |



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Section E: Dean's Office (to be completed within 10 working days of receipt of grade appeal form)

The Dean or Associate Dean should review the materials submitted by the student, the instructor, and the Department Head/Director, consulting with the department head/director, instructor, and student as needed, then complete this section of the Grade Appeal.

| on place the couldn't the Grade's ppear. |   |                       |                                    |  |  |
|--|---|-----------------------|------------------------------------|--|--|
|  |   |                       |                                    |  |  |
| College                                  | Dean/Ass  | ociate Dean Name      | Date the Grade Appeal was Received |  |  |
| The grade appeal does                    | not fit the stated criteria and sho                               | ould be discontinued. |                                    |  |  |
| •  | ed to change the original grade from is attached and will be pro- |                       |                                    |  |  |
| The Instructor sustained                 | the original grade, and I -                                       | AGREE                 | DISAGREE                           |  |  |
| I have elected to change                 | the grade from:   | ):                    |                                    |  |  |