

APPEAL OF GRADE CHANGE DENIAL

IMPORTANT! Please read all directions and fill out the form carefully. Review all your information to make sure the f a1 ()11 (he f)4 6

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SIGNATURES:

COMMITTEE MEMBER

COMMITTEE MEMBER

COMMITTEE MEMBER

REGISTRAR

OFFICE USE ONLY

Committee Meeting notification to student: ____/____/____

Appeal response to student via: E-mail Mail DATE: _____ STAFF INITIALS: _____