

Date _____



NORTHWEST MISSISSIPPI COMMUNITY COLLEGE

GRADE APPEAL FORM

Instructions to Student: Complete the first page of this form and turn it in to the Associate Vice President for Academic Instruction, the Associate Vice President for Workforce Solutions and Career Technical Education, or the Dean of Health Sciences. The directions for completing a grade appeal can be found in the NWCC Bulletin.

Name of Student

Student ID Number

Student Phone Number

Student Email Address

Course Number

Course Title

Semester

Grade Recorded

Instructor

Reason for requesting grade appeal:

Student's Signature

Date

Date _____

FOR ADMINISTRATIVE USE ONLY:

Has the student spoken with the instructor? YES NO

Is the instructor the Director/Dean/AVP? YES NO

Notes on Conference with the Director, Instructor, and Student:

Grade change Decision: Change grade to _____ Do not change grade

Instructor's Signature & Date

Director's Signature & Date

AVP or Dean's Signature & Date

Registrar's Signature & Date