

Owens Community College Academic Grade Appeal Form

Student Name		_ OCID _		
Address				
Telephone Number			Date	
Please Print Clearly or Type				
I am requesting a review of my grade	for the fo	llowing (che	ck) course	assignment:
Complete one form for each course/as	signment	for which yo	ou are requesting	g a review:
Course and section number		Instr	ructor:	
Credit Hours: Term/Date	Taken:	Fall	Spring	Summer
Grade for course:OR O	Grade for	assignment l	being reviewed:	
In compliance with the academic appeinvolved in the grade review process.	eal proced	ure I have m	net with each of t	the following individuals
Informal Process: Step 1: Meet with faculty member				
		tor name)		(date)
Step 2: Meet with Department Cha				
	(Depart	ment Chair's	s name)	(date)
Step 3: Meet with the School Dean	(School	Dean's nam	ne)	(date)
Formal Process – Informal process noccur. Students should complete this				
Step 4: Submit written appeal and	documen	tation to the	Provost	

I am requesting a review of my grade because (check one or all that apply):
There was a computational error of my grade that the instructor refuses to correct.
I was graded differently than was published in the syllabus/assignment.
I was graded differently from my peers in the class.
Signature: Date:

Attach a letter providing a full explanation as to why you are requesting a review of your grades. Attach all supporting documentation that you wish to be reviewed in support of your request.