

**College of Liberal Arts
Faculty Grade Appeal Response Form**

Student Name: _____ Banner ID: A# _____

Faculty member who assigned the grade: _____

Academic Year: _____ Semester: _____

Course Dept: _____ Course#: _____

Course Title: _____

Please respond to the following:

_____ I ***accept*** the student's appeal and am willing to change the grade based on the information submitted. (No more action required other than submitting the grade change form.)

_____ I ***do not accept*** the student's grade appeal. The rationale for my decision is:

Signature of Instructor on Record: _____ Date: _____

Note: Upon completion, the instructor should make a copy for the College, then submit this form to the Chair of the Department. If the student does not accept, the student will need to submit a Student Grades Appeal Packet to the Chair of the Department.