



FULLERTON COLLEGE GRADE APPEAL REQUEST FORM

PART A: Appeal to Instructor

Student should meet with the instructor to discuss the grade before completing this form. Meeting date: _____

If the student is unable to meet with the instructor, state the reason: _____

Name: _____ Student ID#: _____

(Print) Last First Middle

Phone#: _____ Email: _____

Mailing Address:

Number Street City Zip

Request grade of: _____ in _____
Grade Course Title CRN#

with _____ taken during _____ semester in _____ be changed.
Instructor name Fall/Spring/Winter/Summer Year

The reason for my request is based on one or more of the following legal justifications.

- Mistake
- Fraud
- Bad Faith
- Incompetency

Please attach (*preferably typed*) an explanation focused on the identified legal justification(s). Include all relevant supporting documentation and submit to the appropriate division office.

Student Signature: _____ Date: _____

Date Received by Division Office: _____

PART B: Instructor Response

I do approve the change of grade _____ to _____
(Note: Instructor submits to the division office and visits Admissions and Records to complete Change of Grade Form.)

I do not approve the change of grade
(Note: Please attach a response to each point made by the student. Attach class syllabus, student's grade report, attendance and other information relevant to the student's appeal. Submit to the division office. Students will be provided with instructor's response.)

Instructor Signature: _____ Date: _____

PART C: Grade Appeal Committee Request (Optional)

I have read the instructor's response and would like to appeal the decision for the following reason(s):

Student Signature: _____ Date: _____

Division Dean Signature: _____ Date: _____

Date Received by Division Office: _____ Date Received by VPI Office: _____