Parkland College
GRADE APPEAL PROCESS

Student contacted instructor

Rationale:

approve grade change ☐

deny grade change ☐

Instructor _____ Date _____

Student contacted department chair

Rationale:

approve grade change ☐

deny grade change ☐

Department chair _____ Date _____

Instructor _____ Date _____

Grade Appeal Committee

Rationale:

approve grade change ☐

deny grade change ☐

Faculty member _____ Date _____

Faculty member _____ Date _____

Faculty member _____ Date _____

Student member _____ Date _____

Student Affairs Committee

Rationale:

approve grade change ☐

deny grade change ☐

Chair _____ Date _____

Student member _____ Date _____

Faculty member _____ Date _____

Faculty member _____ Date _____

Faculty member _____ Date _____

Professional support member _____ Date _____

Professional support member _____ Date _____

Dean of Academic Services _____ Date _____

Dean of Student Services _____ Date _____

This copy is for internal use only.
After appeal is complete, please send this document to the Dean of Academic Services where a copy will remain on file.
Please attach supporting documentation.