Grade Appeal Form

To:
Name of Instructor __________________________ Program of Study __________________________

From:
Student Name _______________________________ Student ID# ____________________________

Course Information:
Year/Term ________________________________ Course Number/Section _________________________
Course Title ___________________________________________________________________________

Desired Resolution:
Grade Given by the Instructor: __________________ Grade Expected by Student: __________________
Explanation of grounds for appealing the grade:

Students must attach all relevant documentation and retain their own photocopies of all documentation submitted.


I understand that it is my responsibility to initiate this Grade Appeal process and to submit this form and all relevant documentation to the instructor within 14 calendar days of the grade being posted by the Registrar. Furthermore, it is my responsibility to submit a copy of this appeal form to the Program Chairperson within 14 calendar days of my grade being posted by the Registrar.

Student Signature _______________________________________________ Date ____________________

Registrar’s Office Phone: 973-290-4460  Fax: 973-290-4499