

College of Health Professions  
Grade Appeal Review Form

(If additional space is required add additional pages and label appropriately)

Student: \_\_\_\_\_ PLID: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

Texas State e-mail address: \_\_\_\_\_

Department/program: \_\_\_\_\_ Course #: \_\_\_\_\_ Semester: \_\_\_\_\_

Faculty Member Who Assigned Your Grade: \_\_\_\_\_

**Required information to be completed by student:**

You were aware of your right to appeal by:

- \_\_\_\_\_ Syllabus
- \_\_\_\_\_ Department Student Policy Manual
- \_\_\_\_\_ University Handbook
- \_\_\_\_\_ Instructor
- \_\_\_\_\_ Other Instructor
- \_\_\_\_\_ Another student
- \_\_\_\_\_ Other (please specify)

Date grade dispute was initially discussed with course instructor: \_\_\_\_\_

Date appeal was initiated: \_\_\_\_\_

**Materials to be submitted in support of this grade appeal include:**

\_\_\_course syllabus \_\_\_graded course materials \_\_\_Texas State/CHP policy supporting appeal

Student's rationale for grade appeal:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

(When completed submit this form to the **chair/director** to initiate the appeal process)



Response to Grade Appeal by Instructor of Record:

**Please respond to the following:**

Date grade dispute was initially discussed with course instructor: \_\_\_\_\_

\_\_\_\_ This response is based on materials submitted by the student (e.g. syllabus, graded material)

*or*

\_\_\_\_ This response is based on additional materials being submitted by the faculty member (e.g. syllabus, graded materials, grade calculation)

\_\_\_\_\_  
Signature of Instructor of Record

\_\_\_\_\_  
Date

**(Upon completion submit this form to the Department/Program/School Chair/Director within ten days.)**



Decision and Rationale of Chair/Director of Department/Program/School:

\_\_\_\_\_  
Signature of Chair/Director

\_\_\_\_\_  
Date

**(Upon completion, provide this form to the Student to determine if continuation of the appeal process will occur)**  
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Student's Response to Chair/Director's Decision:

\_\_\_\_\_ I **accept** the Chair/Director's decision

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**(If accepted, file this form in the student's file)**

\_\_\_\_\_ I **do not accept** the Chair/Director's decision and request the appeal be forwarded to the Dean's Office for additional review

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**(If not accepted, submit this form to the Dean to progress the appeal process)**

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(Upon completion submit this form to the Department/Program/School Chair/Director within ten days.)

Recommendation and Rationale of Grade Appeals Committee:

\_\_\_\_\_  
Signature of Grade Appeal Committee Chair

\_\_\_\_\_  
Date

(When completed, submit this form to the Dean for final consideration of the appeal)  
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Decision and Rationale of Dean:

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Signature of Dean

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Date