

Texas Southern University

T# _____

ACADEMIC GRADE APPEAL FORM*

Student's Name _____ Date _____

Phone _____ TSU Email _____

Major _____ Classification _____

Semester and Year course was taken _____ Instructor's Name _____

(If the instructor of record is the dean of the college/school, the provost or his/her designee will hear the grievance and render a decision or will form a committee of a minimum of three (3) tenured faculty members from outside the college/school to review and address the grievance and make a recommendation to the provost).

Grade Being Appealed _____

The Reason(s) for the Grade Appeal: Student must attach a detailed statement explaining the basis for the appeal and provide supporting documents.

Course name and number (eg. HIST 281) _____ Section # _____

I. Has this problem been discussed with instructor? Yes. ___ No. ___
If so, what was the outcome?

II. Has this problem been discussed with the department chair? Yes. ___ No. ___
If so, what was the outcome?

If the answer to either question (I. or II.) was no, please follow those steps before completing the remainder of this form.

III. Which of the following conditions does the review of your final grade meet?

- a. A grade was assigned on some basis other than performance in the course
- b. The standards applied to a grade were not the same as those applied to other students in the course
- c. The assigned grade represents a substantial departure from the instructor's previously stated standards

IV. Briefly explain why you believe the choice you selected in item III applies.

Student's Name: _____ Signature: _____

* The student must file an appeal within twenty (20) days after the first day of class of the next semester (not including summers) in the department offering the course.

The Review of the Appeal

Departmental Grade Appeals Committee Decision: _____ Agree with the Grade _____ Disagrees
with the grade assigned.

Departmental Grade Appeals Committee Chair Name: _____

Signature: _____ Date: _____

College/School Grade Appeals Committee Decision: _____ Agree with the Grade _____ Disagrees
with the grade assigned.

College/School Grade Appeals Committee Chair Name: _____

Signature: _____ Date: _____

Dean's Action: _____

Dean's Signature: _____ Date: _____

Provost's Decision: _____

Provost's Signature: _____ Date: _____