



# WEST GEORGIA TECHNICAL COLLEGE

## Academic Grade Appeal Form

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Class for which appeal is filed: \_\_\_\_\_ CRN: \_\_\_\_\_  
Semester for which appeal is filed: \_\_\_\_\_  
Grade Received: \_\_\_\_\_  
Instructor's Name: \_\_\_\_\_  
Have you contacted the instructor of the course to discuss the grade concern? \_\_\_\_\_  
What was the response from the instructor concerning the grade issue? \_\_\_\_\_

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Reason(s) for the appeal:

Action requested to be taken:

*Attach detailed documentation that supports the action requested-for example, attendance records, grades, e-mail communication between instructor and student.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Academic Dean Decision: \_\_\_\_\_  
Academic Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Contacted via e-mail  or phone  Date: \_\_\_\_\_