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? _________________________
___________________________________________________________________________________
___________________________________________________________________________________

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: ________________________            Date: ___________________________
Academic Dean Signature: ________________________            Date: ___________________________
Forwarded to: ________________________________            Date: ___________________________
Student Contacted via e-mail ☐ or phone ☐            Date: ____________________________