# BUCKS COUNTY COMMUINTY COLLEGE GRADE APPEAL PROCESS FORM INSTRUCTIONS

**Grade Changes and Challenges (see College Catalog)**

The College provides an appeal procedure for students who believe that a recorded grade is not the one earned in a course. Students should first see the course instructor to resolve the matter. If resolution is not achieved, then the Department Academic Dean should be consulted. The final step in the appeal process is the Committee on Academic Performance. It should be noted that only the instructor of a course makes a grade change. Other steps in the appeal process are advisory. Students are urged to retain all graded work until final grades have been received from the College.

How to Proceed:

The Grade Appeal Process Form is obtained from the Office of Admissions, Records, and Registration, Academic Department Offices, or the Student Services Center.

In order for the appeal to be considered by the Academic Performance Committee **ALL**

of the steps in the above policy must be documented using this form.\*

It is the **STUDENT’S** responsibility to carry this form throughout the process. The appeal must be presented within three years of the receipt of the grade.

The completed form and supporting documentation must be submitted to the Office of Admissions, Records, and Registration, located in The Hub or the Student Services Center.

I have read and understood the Grade Appeal Policy and the steps required in order to file this appeal with the Academic Performance Committee.

Student’s Signature Date

\*If any of the steps required to complete this process have not been completed, please attach a statement to this form to make explanations.

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| GRADE APPEAL PROCESS FORM | | | |
| Student Name: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Student Number: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
| Course Title: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Course and Section #: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
| Semester: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  |  |  |
| Instructor’s Name: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Department: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**STEP 1 – Discussion with Instructor** – Date:

Basis of Student Appeal:

Student’s Signature and Date

Instructor’s Response:

Instructor’s Signature and Date

**STEP 2 – Discussion with Academic Dean** – Date:

Basis of Student Appeal:

Student’s Signature and Date

Academic Dean’s Response:

Academic Dean’s Signature and Date

**STEP 3 –**Date Appeal Submitted:

If additional space is needed, please attach a written statement to this form.