

HUNTER COLLEGE
OF THE CITY UNIVERSITY OF NEW YORK

SCHOOL OF EDUCATION
STUDENT GRADE APPEAL FORM

In order to make a fair and impartial determination, we need the following information regarding the grade you are appealing:

Student's Name:

EMPL ID No.:

E-mail Address:

Tel No.:

1. Course number: _____ Section: _____
2. Course title: _____
3. Semester: _____ Year: _____
4. Instructor: _____ Grade: _____
5. Session: (Circle one) Undergraduate Graduate
6. Have you first discussed your appeal with the instructor as required by Hunter College policy?
Yes [] No [] If no, please explain.

7. _____
What is the basis of your appeal? Grade requested: _____

(continue on reverse side if necessary)

8. Do you have originals or copies of your paper, exams etc.? Yes [] No []
Please send copies of your work in this course **ONLY** if the box on this item is checked.
9. When did you first appeal your grade? _____
10. Do you wish to have a student on the grade appeal committee? Yes [] No []

Signature: _____ Date: _____