

A-B Technical Community College
GRADE APPEALS FORM

Student Name: _____ Student ID#: _____

Phone #: _____ Date Submitted: _____

Instructor(s) Name(s): _____

Course/Section _____ Semester/Year _____

Students have within three weeks from the day the final course grade is awarded to submit this completed grade appeal form to the Vice President of Student Services in the Bailey Building.

1. SUMMARY OF THE PROBLEM

2. REQUESTED RESOLUTION OF PROBLEM

3. ACTIONS

I have counseled this student concerning this problem and other parties involved. I have been unable to resolve the matter. (You may include a statement below your name indicating why you are unable to support the student's position).

Instructor _____
Print Name *Signature* *Date*

Location and Ext. No. _____

Dept. Chairperson _____
Print Name *Signature* *Date*

Location and Ext No. _____

4. REQUEST FOR HEARING

I, _____, formally request that the Grades Appeals Committee convene to review a course grade, which I feel affects my progress at Asheville-Buncombe Technical Community College. I have discussed this problem with each person identified above; he or she has been unsuccessful in resolving the matter to my satisfaction.

Signature *Date*

5. HEARING

I have counseled this student concerning this grade and with the other parties involved. The parties listed above have counseled this student and the other parties involved and have been unsuccessful in resolving the matter. I hereby refer this matter to the Grade Appeals Committee.

Print Name *Signature* *Date*
Vice President, Student Services