Student Appeal of Course Grade Form

For assistance, please contact The Office of Civility.
christopher.alves@tsc.edu or 956-295-3714

STUDENT to complete this section:

Student Name: _____ ID Number: _____ Semester: _____ I have read and agree to abide by the Texas Southmost College grade appeal procedures: Student Signature: Date:

FACULTY member to complete this section:

The student has met with me regarding their grade appeal and: The student and I have reached an agreed solution:
The student, faculty member, and I were unable to agree on a solution: Faculty Signature:
Date:

PROGRAM DIRECTOR (if applicable) to complete this section:

The student has met with me regarding their grade appeal and:
The student, faculty member and I have reached an agreed solution:
The student, faculty member, and I were unable to agree on a solution.
Program Director Signature: Date:

ACADEMIC DEAN to complete this section:

The student has met with me regarding their grade appeal and: The student, Program Director, faculty member and I have reached an agreed solution:
The student, Program Director, faculty member, and I were unable to agree on a solution.
Academic Dean Signature: Date: