

Student Appeal of Course Grade Form

For assistance, please contact The Office of Civility.
armando.ponce@tsc.edu or 956-295-3718

STUDENT to complete this section:

Student Name: _____	ID Number: _____	Course: _____
_____		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: