



**Savannah State University
Office of Academic Affairs
Grade Appeal Process and Form**

*Please Note: The Student is to initiate the Grade Appeal Process, using the Grade Appeal Form, when there is no grade resolution between faculty and student. The Student is expected to file the Grade Appeal Form **by the first day of classes of the subsequent semester.***

Step 1: Using your SSU student email, complete the form, attach all supporting documentation, and submit to the faculty member of the concerned course. Copy the Department Chair (or the Program Coordinator for COBA only) on the email.

Supporting documentation should include:

- The course syllabus
- Graded assignments for the course
- D2L grade summary for the course
- Any other relevant materials

The faculty member will review the grade appeal via email and communicate the decision to the student within three business days, with a copy to the Department Chair (the Program Coordinator for COBA only).

The faculty member will approve or deny the student's grade appeal.

Step 2: Should the faculty member deny the grade appeal, the student can submit the grade appeal via email **within one business day of the denial** to the concerned Department Chair (the Program Coordinator for COBA only). The grade appeal request should be accompanied by 1) the form and all supporting documentation and 2) communication with the concerned faculty member regarding the grade appeal. The Department Chair (or Program Coordinator for COBA only), will review the grade appeal as soon as possible and communicate the decision to the student via email with a copy to the Dean.

The Department Chair (or Program Coordinator for COBA only) will approve or deny the student's grade appeal.

Step 3: Should the Department Chair (the Program Coordinator for COBA only), deny the grade appeal, the student can submit the grade appeal via email **within one business day of the denial** to the concerned Dean. The appeal request should be accompanied by 1) the form and all supporting documentation and 2) communication with the concerned faculty member and Department Chair (the Program Coordinator for COBA only) regarding the grade appeal. The Dean will review the grade appeal as soon as possible and communicate the decision to the student via email with a copy to the Office of Academic Affairs.



Please carefully review the Grade Appeal Process prior to completing this form. Appeals may not move forward without complete documentation supporting the appeal.

Section A: Student Information

Last Name		First Name		Middle Initial
Student ID #	Department	Major	College	
SSU Email		Phone	Alternate Phone	
Mailing Address		City	State	Zip Code

Section B: Course Information

CRN	Course Number	Section	Course Title	Credit Hours
Semester	Year	Instructor		Final Grade
Student Name (<i>Type/Print</i>)		Student (<i>Signature</i>)		Date

State below the reason(s) for the grade appeal. Include/list documentation to support the appeal and attach those documents.



Section C: Instructor (to be completed within 3 business days of receipt of grade appeal form)

The instructor should review all materials submitted by the student, consult with the student as needed, then complete this section of the Grade Appeal.

Department	Instructor's Name	Date the Grade Appeal was Received
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The student has made the case for a grade change, attached is a grade change form.

***Grade will be changed from:** _____ **to:** _____

The student has not made the case for a grade change.

Instructor's Comments (attach additional documents as needed)

Instructor Name (Type/Print)	Instructor (Signature)	Date when decision communicated to student
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Decision communicated to student: In By Email (required) In Person By Mail

Yes No Does the student wish to continue the appeal? (the student must signify whether he/she wants the appeal to move to the next level within **one business day** from the date of the instructor's decision).

Student Name (Type/Print)	Student (Sign)	Date
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**(OR – attach digital/email consent by student)*



Section D: Department Chair (the Program Coordinator for COBA only)

(to be completed as soon as possible after receipt of grade appeal form)

The concerned Department Chair (the Program Coordinator for COBA only) should review all materials submitted; the student's case for appeal as well as the instructor's comments, consulting with both the instructor and the student as needed as well as other appropriate resources, then complete this section of the Grade Appeal.

Department	Department Chair/Program Coordinator Name	Date the Grade Appeal was Received
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The Instructor has agreed to change the original grade from: _____ to: _____

The Instructor sustained the original grade, and I – AGREE DISAGREE

Department Chair/Program Coordinator's Comments *(attach additional documents as needed)*

Department Chair/Program Coordinator Name <i>(Type/Print)</i>	Department Chair/Program Coordinator <i>(Signature)</i>	Date when decision communicated to student
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Decision communicated to student: In By Email (required) In Person By Mail

Yes No Does the student wish to continue the appeal? *(the student must signify whether he/she wants the appeal to move to the next level within **one business day** from the date of the Department Chair's (or Program Coordinator for COBA only) decision).*

Student Name <i>(Type/Print)</i>	Student Signature <i>(Signature)</i>	Date
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**(OR – attach digital/email consent by student)*



Section E: Dean (to be completed as soon as possible after receipt of grade appeal form)

The concerned Dean should review the materials submitted by the student, the instructor, and the Department Chair (the Program Coordinator for COBA only) consulting with the department head/director, instructor, and student as needed, then complete this section of the Grade Appeal.

College	Dean Name	Date the Grade Appeal was Received
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The Instructor has agreed to change the original grade from: _____ to: _____

The Instructor sustained the original grade, and I – AGREE DISAGREE

I have elected to change the grade from: _____ to: _____

Dean's Comments (attach additional documents as needed)

Dean Name (Type/Print)	Dean (Signature)	Date when decision communicated to student
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Decision communicated to student: By Email (required) In Person By Mail