



Grade Appeal Form

Student Information

KSI ID: S _____ First Name: _____ Last Name: _____

KSI Email: _____@my.ksi.edu Phone: _____

Course Information:

Course Number: CIS _____ Course Name: _____

Instructor: _____ Semester/Year Taken (yyyy): _____ Grade Received: _____

Please clearly explain the nature of the appeal. Please attach relevant supporting materials; you may also choose to attach a letter of explanation, but it is not required. Be sure to explain the following: 1) What is the issue/policy you are appealing? 2) What are your specific concerns? 3) What are you requesting or what remedy/remedies are you seeking (be specific)?

I hereby authorize the Institute and/or the Registrar's Office to release my academic records and the attached materials to the appropriate faculty committee(s).

STUDENT SIGNATURE: _____ Date: _____

Departmental Approval Signatures

Departmental Approval Signatures:	Recommendation:	Alternate Solution:	Signatures:
(each signatory may attach a letter and/or relevant supporting documents, if you so choose)	(to approve appeal)	(attach proposed solution)	
Type/Print Name:	Yes No		
Instructor			Instructor Signature and Date
Department Chair			Department Chair Signature and Date
Dean, Academic Affairs			Dean, Academic Affairs Signature and Date

GRADUATE SCHOOL USE ONLY

Dean, Student Affairs **Date**

Comments:

Appeal Approved

Appeal Denied

Alternate Resolution

Scan and File to: Student Record Student Grievances