



**College of Business**  
**Department Chair Grade Appeal Response Form**

Student Name: \_\_\_\_\_ Banner ID: A# \_\_\_\_\_

Faculty member who assigned the grade: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Course Dept: \_\_\_\_\_ Course#: \_\_\_\_\_

Course Title: \_\_\_\_\_

Decision and Rationale of Department Chair:

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Upon completion, make a copy for the college, then provide this form to the student to determine if continuation of the appeal process will occur.**