



## College of Business Student Grade Appeal Response Form

Student Name: \_\_\_\_\_

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

Course Prefix and number: \_\_\_\_\_ Semester: \_\_\_\_\_

### Student's Response to Chair's Decision:

I *accept* the Chair/Director's decision

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**(If accepted, file this form along with the previous forms on file in the college.)**

I *do not accept* the Chair/Director's decision and request the appeal be forwarded to the Dean's Office for additional review.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**(If a student does not accept the Chair's decision these materials will be forwarded to the Dean's Office to continue the appeal process.)**

For Department use only:

Appeal Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_