Victor Valley Community College District
Student Grade Appeal Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Student ID/SS#</th>
<th>Phone#</th>
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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State/ZIP</th>
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<thead>
<tr>
<th>Course Title</th>
<th>Instructor’s Name</th>
<th>Term course taken</th>
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<td><em>(2 year maximum limit)</em></td>
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Student’s statement: I received a grade of ______ in this class, but I believe I earned a grade of _______. Please attach a typed statement requesting a grade change, and any documentation supporting your request.

Instructor/Dept Chair Level

Step 1 □ I met with the instructor on ___________ Date

☐ Approved ☐ Denied (Proceed to Step 2)

☐ Instructor no longer available (proceed to Step 2)

Print Instructor Name ____________________________

Instructor Signature ____________________________ Date ____________________________

Step 2 □ I met with the Department Chair on ___________ Date

☐ Instructor agreed to approve grade change

☐ Instructor denied grade change (Proceed to Step 3)

Print Dept. Chair Name ____________________________

Dept. Chair Signature ____________________________ Date ____________________________

Instructor: If approved, please bring this form to Admissions and Records and fill out a Request for Change of Grade form Grade changes are pursuant to CA Code of Regulations, Title 5, Section 55025

Administrative Level

Step 3 I met with the Division Dean on ___________ Date

Division Dean Signature ____________________________ Date ____________________________

☐ Instructor agreed to approve grade change

☐ Instructor denied grade change (Proceed to Step 4)

Print Division Dean’s Name ____________________________ Date ____________________________

Step 4 I met with the Vice President/Dean of Instruction on ___________ Date

Vice President/ Dean of Instruction/ Signature ____________________________ Date ____________________________

☐ Instructor agreed to approve grade change

☐ Instructor denied grade change (Seek Legal Advice)

Administrator: If approved, please forward this form to Director of Admissions & Records

FOR OFFICE USE ONLY

☐ Grade change appeal form received ________ ☐ Grade change processed on ________

Director of Admissions & Records ____________________________ Date ____________________________