

Victor Valley Community College District
Student Grade Appeal Form



<u>Name</u>	<u>Student ID/SS#</u>	<u>Phone#</u>
<u>Street Address</u>	<u>City</u>	<u>State/ZIP</u>
<u>Course Title</u>	<u>Instructor's Name</u>	<u>Term course taken</u> <u>*(2 year maximum limit)</u>

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