



STUDENT COURSE GRADE APPEAL FORM

Please read the Course Grade Appeal Procedure, which is available online, before completing this form.

Name: _____

Student Empl ID: _____

Street address: _____

City/State/Zip: _____

Telephone numbers: _____

Email address: _____ Semester: _____

Course: _____ Section Number: _____

Instructor: _____

Please state the basis for your grade appeal. Be as specific as you can. Attach another sheet if necessary. You should also attach all additional documentation as specified in the Course Grade Appeal policy.

Have you spoken with your instructor in hopes of resolving this dispute informally? If not, why?

Have you spoken with Academic Program Coordinator, Department Chair, or their representative, in hopes of resolving? If not, why?

Student's signature: _____

Date: _____

Please submit this form, and any other relevant documents to the Office of Academic Affairs.

For assistance and submission of this form, contact:

Office of Academic Affairs
500 Grand Concourse
B-Building, Room 402
Bronx, NY 100451
(718) 518 – 6660
OAA@hostos.cuny.edu