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

Revised June 2020