

**GRADE APPEAL  
STUDENT INFORMATION FORM**  
**Please contact the Ombudsman Office at  
(269) 387-0718 before starting this process.**

Statement from student

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

Grade Received: \_\_\_\_\_ Grade Earned: \_\_\_\_\_

Why do you believe the grade is wrong?

Why do you think the instructor/professor gave you this grade?

What steps, if any have you taken to resolve this grade prior to appealing to GAPDAC?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 10/06/08