STUDENT COURSE GRADE APPEAL FORM

Before completing this form, please read the Course Grade Appeal Process on the HCC website. Be sure to print legibly.

Name: ____________________________________________________________

Street address: ____________________________________________________

City/State/Zip: ____________________________________________________

Telephone numbers (where applicable):
   (cell) ____________________________
   (work) __________________________
   (home) __________________________

Email (HCC email address is preferred): ______________________________

Semester course was taken: _________________________________________

Course (e.g., ENGL 1301, MATH 1314): _____________________________

Section Number (CRN): ____________________________________________

Instructor: ________________________________________________________

Please state the basis for your grade appeal and the specific results you are requesting. Be specific. Attach another sheet of explanation if necessary and, if necessary additional documentation supporting your appeal.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Have you spoken with your instructor in an attempt to resolve this dispute informally? Yes/No

If not, why? ________________________________________________________________

______________________________________________________________

Student's signature: ___________________________ Date: ________________

Submit this form, together with the FERPA Release Form for Grade Appeals, to the appropriate individual as outlined in the Course Grade Appeal Process.