Kansas City Kansas Community College

Student Grade Appeal Procedure Form

Student Name		ID		
Course		FA/SP/SU	Year	
Instructor		Grade Receive	Received	
Please state the basis for this appeal an	d provide evidence to	support it.		
Signature	-	Date		

Kansas City Kansas Community College

Faculty Response to a Student Grade Appeal Procedure

Student Name	ID	
Course	FA/SP/SU	Year
Instructor	Grade Receiv	ed
Please provide a detailed response to the Student Grade Appeal.		
Signature	Date	

Kansas City Kansas Community College

Grade Appeal Form

Student Name	ID		
Course	FA/SP/S	SU Year	
Instructor	Grade Received		
Please state the basis for this appeal and provide e	vidence to support it.		
Faculty Statement			
Outcome:			
* the final grade should stand at			
* the final grade should be raised to			
* the final grade should be lowered to			
I concur with the outcome.			
I do not concur with the outcome.	Student Signature	Date	
I concur with the outcome.			
I do not concur with the outcome.	Faculty Signature	Date	

Academic Dean Date		Grade Change Form Required? YES/NO Date Initiated		
Grade Apped	al Committee (attach sui	mmary of meeti	ing)	
Outcome:				
*	the final grade should	stand at		
* the final grade should be raised to				
*	the final grade should	be lowered to		
I conc	cur with the outcome.			
I do not concur with the outcome.		Student Signature	Date	
I conc	cur with the outcome.			
I do r	not concur with the outc	ome.	Faculty Signature	Date
 Chair		Date	Standing	Date
Standing		Date	Discipline	Date
 Academic De	ean			
Vice Preside	nt of Academic Affairs F	Review:		
VPAA		Date	Approve Return to Committee	
			Grade Change Form Require	d? YES/NO