## College of Education: Mark/Grade Appeal

### Student Information
- **Student Name:**
- **LIN #**
- **Course # and Title:**
- **Instructor(s):**
- **Course Taken:**
- **YEAR:**
- **TERM (Check one):**
  - Fall
  - Spring
  - Summer

### Mark Received and Mark You Believe You Should Be Assigned Instead
- **Mark Received (Please enter below):**
- **Assigned Mark Covers (Please check one):**
  - Entire course (final mark)
  - Homework assignment
  - Class project
  - Class presentation
  - Class participation
  - Field experience
  - Course paper
  - Other (please describe below):
- **Mark You Believe You Should Be Assigned Instead (Please enter below):**
  - Comparative and International Education
  - Counseling Psychology
  - Educational Leadership
  - School Psychology
  - Special Education
  - Teaching, Learning & Technology
  - Non-degree
  - Other (please describe below):

### Reason why you feel the assigned mark is inappropriate and the requested mark above is a more accurate reflection of your performance:
(Feel free to attach a separate document if you need additional space.)

### Have you met with the instructor to discuss your mark and to request it be changed? (Check one.)
- **YES**
- **NO**

### I hereby request that the mark the instructor has assigned be changed to more accurately reflect my performance.

---

### Administrative Consideration:
Each person listed below is to review the student’s request, the recommendations of those who have considered that request before him or her, and any information gathered in meeting with the student (if he or she chooses to meet with the student). If a person signing below is unable to fit his or her comments into the recommendation and signature block or wishes to include more comprehensive comments or information, he or she may prepare that as a separate document and attach it to this form.

<table>
<thead>
<tr>
<th>Course</th>
<th>Instructor(s):</th>
<th>Met w/Student?</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Grad Program Director:</td>
<td>Name(s)</td>
<td>Date</td>
<td>Recommendation &amp; signature(s)</td>
</tr>
<tr>
<td>Department Chair:</td>
<td>Name</td>
<td>Date</td>
<td>Recommendation &amp; signature</td>
</tr>
<tr>
<td>Dean:</td>
<td>Name</td>
<td>Date</td>
<td>Recommendation &amp; signature</td>
</tr>
</tbody>
</table>

**Student Signature (above):**

**Date signed:**