

UNITED TRIBES TECHNICAL COLLEGE
GRADE APPEAL FORM

NAME _____ DATE _____

VOCATION _____

COURSE _____ GRADE GIVEN _____ INSTRUCTOR _____

Please state your reason for your appeal. Include the result of your conference with the instructor.

Provide documentation (test scores, attendance information, etc), that would help reach a decision. Also include the grade that you think is deserved.

We agree that, based on the documentation, the grade for _____ be changed to _____.

Registrar Date _____
Dean of Academics Date

We agree that, based on the documentation, the grade for _____ remain as determined by the instructor.

Registrar Date _____
Dean of Academics Date

COMMENTS: