



OFFICE OF THE REGISTRAR
3315 University Drive
Bismarck, ND 58504
Ph: 701-255-3285 ext(s) 3101, 3102, 3171
Fx: 701-530-0636 www.uttc.edu/registrar

Grade Appeal Form

Student Name: _____ ID # _____

Year: _____ Term: _____ Program: _____

Course Code: _____ Course Title: _____

Grade given: _____ Instructor: _____

Grade appeals must be done one semester after the grade is received and after the student discusses the grade with the instructor who assigned the grade. If the result of the discussion is not satisfactory, the student may formally appeal the grade to the Dean of Vocational and Academic Services.

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