

CUYAHOGA COMMUNITY COLLEGE

GRADE DISPUTE FORM

This form is designated as the official College form for filing a student grade dispute under Policy No. 3354:1-30-03.4

Grade Dispute Information (student): Please Print

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Student ID #: _____
Email: _____

A grade dispute is defined as a challenge to a recorded final grade.
Please note: Grades are recorded at the completion of an academic term

Semester Grade Received: _____ Instructor Name: _____

Campus/Location: _____ Course Name and Number (CRN): _____

Date discussion was held with Instructor: _____

Resolution suggested by Instructor: _____

Reasons for dissatisfaction with grade:

Justification for desired grade: You must attach documentation which supports your request

Grade received/grade desired: Please list grade received on line (1) and grade desired on line (2).

Please print and complete the form and forward to the Associate Dean's Office
I certify that the above information is an accurate account of the circumstances resulting in the filing of this form.

SIGNATURE

DATE