

Truman State University Grade Appeal Petition

The completion of this form does NOT result in a grade change. If this petition is approved, a Change of Grade Request must be completed by the instructor and sent to the Registrar with a copy of this petition attached.

Student Initiating the Grade Appeal Petition

Name _____ Banner ID # _____

Mailing Address _____

Email Address _____ Telephone Number _____

Date Initiated _____

Grade Appeal Petition

To: Chair, Department of _____

I am appealing the grade of _____ I received in _____
(Course #, Name and Section)

for the _____ Semester from _____
(Instructor's Name). In accordance with

the Truman State University Grade Appeals Policy I submitted a grade appeal on _____
My appeal was denied on _____. I am requesting my
grade be changed to a _____ based on the following facts: ***(Attach supporting documents and/or additional facts as appropriate.)***

Department Chair Action

Date Grade Appeal Petition Received _____

_____ I concur with the Grade Appeal Petition and the grade should be changed to _____.

_____ I do not concur with the Petition and the grade stays as assigned.

