

ELA Student Grade Appeal Form

This form is for ELA students who believe their final class grade result(s) is/are inappropriate or inaccurate. **Before completing this form, please review the ELA Student Placement and Grade Appeal Policy.**

Directions: Please complete every part of this form, save a copy to your computer, and email it to Lars Gingery, Associate Director and Registrar: lgingery@depaul.edu, and Kathy Larson, Associate Director for Curriculum: klarson@depaul.edu. Write "Grade Appeal" in the subject line of your email, and submit this form **within 5 business days** of Campus Connect grade posting. Your request will be reviewed, and you will receive an email response. **Grade appeal decisions may not be completed until after the first day of classes of the next term.**

Last Name: _____ First Name: _____ Date: _____

Student ID Number: _____

Grade(s) I want reviewed:

Class 1: _____ Teacher: _____

Class 2: _____ Teacher: _____

Class 3: _____ Teacher: _____

Class 4: _____ Teacher: _____

What is the reason for your request? Check every box that is true for you.

I passed most of my course assignments, but I failed the final exam.

I had a personal emergency last term that affected my grade.

I believe my grade is inaccurate.

Please explain your request here (be specific):

For office use only: