

TEXAS TECH UNIVERSITY

GRADE APPEAL FORM

Student Identification:

Name _____ Matriculation No. _____

Major _____ Classification _____

Lubbock Address _____ Telephone No. _____
(Street Address) (Zip Code)

Course Identification:

Dept. _____ Course No. _____ Section _____ Term _____

Instructor's Name _____ Grade Received _____

Have you discussed this case with the instructor? _____

Have you discussed this case with the department/division/area chairperson?* _____

I understand that this appeal may result in review of any or all aspects of my performance in the course. My statement and supporting evidence concerning the appeal are attached.

Signed _____
(Student) (Date)

* If needed, you may seek assistance from your department/division/area chairperson to prepare a grade appeal.