

Grade Appeal Application
University of Houston-Downtown

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

College: Business Sciences and Technology
 Humanities and Social Sciences
 Public Service

Course Name & Number: _____
Instructor: _____ Section #: _____
Semester: Fall Spring Winter (Mini-Semester) Summer (I II III)

Date of initial contact with Course Instructor to discuss this matter: _____

**Grade Appeal may one be granted on the grounds of one or more of the following reasons:
Please select the appropriate option:**

Mistaken Grade Entry Miscalculation of Grade Misapplication of Syllabus Criteria

**** Allegations of discrimination or harassment which form the basis of an appeal will be referred to the UH Title IX/Equal Opportunity Office, in accord with SAM 01.D.07 – Anti-Discrimination Policy and SAM 01.D.08 – Sexual Misconduct Policy.*

In order to complete this Grade Appeal Application, please attach a written argument which clearly explains why you believe that your grade has been "inaccurately calculated." Please attach the necessary documentation to support your claim. (This application will not be considered if the written portion of this application is not provided.)

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Department Chair

 This appeal was investigated and no action was necessary.
 This appeal was investigated and it was necessary to change the student's grade.

 Grade changed from: _____ Grade changed to: _____

Signature: _____ Date: _____

Dean of the College

Signature: _____ Date: _____