

Victor Valley Community College District
Student Grade Appeal Form



Name:	Student ID/SS#	Phone#
Street Address:	City	State/ZIP
Course Title:		
Instructor's Name:	Term course taken* *(2 year maximum limit)	

Student's statement: I received a grade of _____ in this class, but I believe I earned a grade of _____.
Please attach a typed statement requesting a grade change, and any documentation supporting your request.

Instructor/Dept Chair Level

Step 1 I met with the instructor on _____
Date

Approved Denied (*Proceed to Step 2*)
 Instructor no longer available (*proceed to Step 2*)

Print Instructor Name

Instructor Signature

Date

Step 2 I met with the Department Chair on _____
Date

Instructor agreed to approve grade change Instructor denied grade change (*Proceed to Step 3*)

Print Dept. Chair Name

Dept. Chair Signature

Date

Instructor: If approved, please forward this form to Admissions & Records along with the Grade Change Form

Administrative Level

Step 3 I met with the Division Dean on _____
Date

Instructor agreed to approve grade change Instructor denied grade change (*Proceed to Step 4*)

Division Dean Signature

Date

Print Division Dean's Name

Date

Step 4 I met with the Vice President/Dean of Instruction on _____
Date

Instructor agreed to approve grade change Instructor denied grade change (*Seek Legal Advice*)

Vice President/ Dean of Instruction/ Signature

Date

Administrator: If approved, please forward this form to Director of Admissions & Records

FOR OFFICE USE ONLY

Grade change appeal form received _____ Grade change processed on _____

Director of Admissions & Records

Date