



College of Education and Human Development

Student and Academic Affairs
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INTERNAL USE ONLY

Program College

Date Sent to Program:

Date Student Notified:

Approved New Grade:

Denied

GRADE APPEAL

Name: G Number:

Mason email: Phone Number:

Major or Program: Graduate Undergraduate

Course Number: Section: Semester:

Students may appeal final grades that they believe were assigned unjustly or were based on unclear criteria. Grade appeals are accepted until the last day of classes of the following semester...

1. Have you discussed your concerns with your instructor? Yes No

2. Explain the nature of your appeal (state specific claims/challenges/concerns/discrepancies). Please attach a separate sheet, if necessary.

Large empty rectangular box for student response to question 2.

3. What would be an ideal resolution for your appeal? Please explain.

Large empty rectangular box for student response to question 3.

4. Attach supporting evidence for each claim/challenge/concern/discrepancy. It is the student's responsibility to provide all evidence/documentation for the appeal.

5. Attach the course syllabus.

I have read and will comply with the rules, regulations, requirements, and academic policies of the college and university. I certify that the above and any accompanying information is accurate and not in violation of the Honor Code.

Student Signature

Date