

Formal Grade Dispute Resolution Hearing Request Form

Before filling out this form, the student must have followed all steps in the Informal Grade Dispute Resolution Procedures. This form must be filed within one semester of the instructor of record's response in the Informal Grade Dispute Resolution Procedures. Please see the Student Grade Dispute Policy and Procedures for details and complete timeline.

This form must be typed. All supple	emental information/additional pages must be typed where possible.
STUDENT NAME:	STUDENT ID#:
Last, First, MI	
TODAY'S DATE:	
mm/dd/yyyy	
CLASS INFORMATION FOR CLASS I	N QUESTION:
COURSE NAME/ID:	SECTION #:
SEMESTER/YEAR:	INSTRUCTOR NAME:
Please provide a clear and concise	statement of the grade dispute, including details of the specific
violation of Title V, § 55025. Use a	dditional pages if necessary.
Identify the resolution, corrective a	action, or remedy to this dispute being sought. Use additional pages if
necessary.	

Approved b	v Faculty	Senate 2	/25/	08/

Please provide a detailed summary of all actions already taken by the student to resolve the issue,
including dates and times for all meetings that occurred during the Informal Grade Dispute Procedure.
Use additional pages if necessary.
Please attach copies of all documents, assignments, or related materials that indicate that Title V, §
55025 has been violated.
Students- please retain a copy of this completed form for your records. Please submit completed form
and all related documentation to the Vice President of Instruction, Office of Instruction, AA-103.
,
STUDENT SIGNATURE:
By signing this form, you are indicating that all information provided is complete, accurate, and relevant
to the best of your knowledge.
to the best of your knowledge.