

California State University, Long Beach
COLLEGE OF ENGINEERING
GRADE APPEAL REQUEST AND ROUTING SHEET

): _____

Student Number: _____ E-mail: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Request a change of grade from _____ to _____ Course #: _____ Section #: _____

_____ Semester/Year: _____

Office: _____

Recipient signing on behalf of the Department: Signature: _____ Date: _____

Meeting with the Department Chair and Instructor: _____ Date: _____

List of supporting document(s) attached to this request: *(If you have more documents, continue on the reverse side.)*
(Burden of proof rests upon the student.)

- 1.
- 2.
- 3.

_____ Date: _____

DEPARTMENT GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: _____

Recipient signing on behalf of the College Grade Appeal Committee: Signature: _____ Date: _____

COLLEGE GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: _____ Disapproved: _____

College Grade Appeal Committee Chair: Signature: _____ Date: _____

If approved, the Change of Grade form submitted to Enrollment Services: Date: _____

If disapproved Date: _____