

Student Grade Appeal Form

Form is to be completed by the LMC Student and submitted to the Office of Student Life.

All information on this Form is to be kept Confidential.

Name o	f Student:	ID Number:				
Address	s:	City: Cell:			Zip Code:	
Home Pl	hone Number:					
Semeste Year:	Semester/ Course Title/ Year: Number:		Instructor:		Grade Received:	
No gr	ade may be appealed more than c should be completed AFTE					
	·	dent Request for Gra		•	arrette erian.	
			_	INCOMPE	ENCE	
		_		_		
		r grade changed to:_				
Evidence	e (attach sheets as necessary):					
Signatur	Signature of Student:			Date:		
FICIAL USE ON	NLY:		Name Of Who	Was Met With Or		
	Steps/action Taken		Received Docu		Date	
NFORMAL LEV	/EL					
TEP 1	Met with Instructor.					
TEP 2	Met with Department Chair o	or designee.				
ORMAL LEVEL						
		d by the				
STEP 3	Grade Appeal Form submitte student to Office of Instruction	-				
	term in which the grade was g	given. Hearing to be				
	scheduled within 30 instruction					
	subject to the availability of the	·				
TEP 4	Student Grade Appeal Commercial National Student Grade Appeal Commercial Students of the Students of the Student Grade Appeal Commercial Students of the Students of the Student Grade Appeal Commercial Students of the Stude					
	of grade appeal form.	ai days of receipt				
	O Press of					
TEP 5	Within 10 instructonal days a					
	committee submits a recomn	nendation to the				
	college president.					
TEP 6	Within 10 instructional days the					
	the recommendation, decides student, instructor and grade					
	The student or instructor are	· · ·				
	to appeal within 30 instruction					
	District Governing Board.					