TEXAS TECH UNIVERSITY
GRADE APPEAL FORM

Student Identification:
Name __________________________________________ Matriculation No. ________________

Major __________________________________________ Classification _________________

Lubbock Address _____________________________________ Telephone No._______________
(Street Address) (Zip Code)

Course Identification:
Dept. ____________________ Course No. ______________ Section __________ Term ________

Instructor's Name _____________________________________ Grade Received _______________

Have you discussed this case with the instructor? _________________________________________

Have you discussed this case with the department/division/area chairperson?* _________________

I understand that this appeal may result in review of any or all aspects of my performance in the
course. My statement and supporting evidence concerning the appeal are attached.

Signed ________________________________________________     ________________________
(Student)            (Date)

* If needed, you may seek assistance from your department/division/area chairperson to prepare a
grade appeal.