



YORK COUNTY COMMUNITY COLLEGE

Request for Review of Grade

Please return this form to YCCC Records Office
Email: records@yccc.edu
Telephone and Fax: (207) 216-4402 and (207) 216-4401
Mail: 112 College Drive, Wells, ME 04090

Student Information

Name: _____
Last First M.I.

Phone: _____ Preferred Email: _____

Course Information

Semester for Request Fall Spring Summer Year: _____

Course Code (e.g. ENG 101 01 ON): _____ Instructor: _____

Grade Received: _____

Questions/Concerns/Complaint (be specific, provide attachments):

Student Signature: _____ **Date:** _____

For Office use:

Department Chair comments: **Dept. Chair Signature:** _____ **Date:** _____

Action Taken: _____

Academic Dean comments: **Academic Dean Signature:** _____ **Date:** _____

Action Taken: _____

A copy must be sent to **all signatories**, as well as to **Records & Registration** if grade change granted.

See REVERSE for Process:

Grade Appeal:

When a student believes there is a discrepancy between the grade earned and the grade received in a course, the student is encouraged to seek an acceptable resolution.

The steps for an appeal are the following:

- ❖ The student must contact the instructor of the course as soon as possible. If a satisfactory resolution is not reached, the student may initiate a formal appeal.
- ❖ A formal appeal requires the student to complete a **Request for Review of Grade** form, available in the Student Affairs Office. The form must be submitted to the **Department Chair** of the course with all supporting documentation, including assignments and other class materials, no later than **30 calendar days after the semester end date in which the course was taken**.
- ❖ The Department Chair will discuss and/or forward the appeal to the instructor for evaluation.
- ❖ After reviewing the student's material and the instructor's evaluation, the Department Chair will make a decision regarding the appeal and inform the student of the decision in writing within **30 days of receipt of the appeal**. If the Department Chair does not respond within 30 days, the student may appeal directly to the **Academic Dean**.
- ❖ The Request for Review of Grade form and all supporting documentation will be forwarded to the Records Office.
- ❖ If the student is not satisfied with the resolution, he or she may then appeal the decision to the **Academic Dean** by writing a short letter of appeal within **30 days of their notification from the Department Chair**.
- ❖ The Academic Dean will review the student's original appeal and make a **final** binding decision.

* Department Chair includes designees during sabbaticals and summer session.