

**MISSISSIPPI STATE UNIVERSITY
GRADE APPEAL FORM**

APPLICATION IS INVALID IF NOT COMPLETED IN FULL

Date: _____

Student's Name: _____

MSU I.D. Number: _____ NetID: _____

College/School: _____ Major: _____

Class (Please circle one): FR / SO / JR / SR / GR

**Appeal notification will be sent to this address. It is up to the student to keep the current address, email address, and phone number updated with the Office of the Provost and Executive Vice President. Failure to do so will result in forfeiture of appeal in not responding.*

*Current Local Address: _____

#Telephone Number: _____ *Email address: _____

Permanent Home Address: _____

Permanent Home Telephone Number: _____

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I hereby register formal complaint against: _____
(Name of Instructor)

for what I consider prejudiced or capricious academic evaluation in the awarding of grades in

Course Number: _____, Title: _____,

Section: _____, taken during the _____ Semester, 20____,

and request that the Grade Appeal Procedure be initiated.

Grade given by Instructor: _____

Grade sought by Student: _____

Signature

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In the space provided below, describe fully the nature of your complaint and give substantive evidence to demonstrate its legitimacy (add additional sheets if necessary).

MISSISSIPPI STATE UNIVERSITY
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Appeal of: _____
(Last Name) (First Name) (Middle Initial)

Receipt of the appeal is acknowledged, and the following action has been taken:

Date: _____
Department Head

I accept/reject the above action:

Signed: _____ Date: _____
(Student)

I accept/reject the above action:

Signed: _____ Date: _____
(Instructor)

(The student and instructor have two weeks from the date of the department head's decision to accept or reject the above action. (If the decision is appealed, the department head should submit a letter of recommended action to his/her dean.)

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Copy (with data attached) to _____, student's dean, if different from department head's dean.

Receipt of the appeal to the above action is acknowledged, and the following action has been taken:

Date: _____
Dean

I accept/reject the above action:

Signed: _____ Date: _____
(Student)

I accept/reject the above action:

Signed: _____ Date: _____
(Instructor)

(The student and instructor have two weeks from the date of the dean's decision to accept or reject the above action. If the action is appealed, the dean must furnish the complete file to the Office of the Provost and Executive Vice President, together with the dean's recommended action.)