

**DigiPen Institute of Technology**  
**Student Grade Appeal Form**

**Application is invalid if not completed in full**

Today's Date: \_\_\_\_\_

Student Name:	Student ID Number:
Email Address:	Major:
Current Local Address:	Permanent Address:
Telephone Number:	Permanent Phone Number:

**Course Information**

Course Name:	Section:
Name of Instructor:	Semester Taken:
Grade Given by Instructor:	
Grade Sought by Student:	

- ☐ **By checking this box I acknowledge that I have attempted to contact or meet with my instructor to resolve my grade dispute before filing this appeal. The result of this meeting or contact was as follows (circle one):**

1. My instructor and I met or made contact, but we were unable to resolve the grade dispute.
2. My instructor never responded to my attempts or requests to meet with him or her.
3. My instructor is not teaching in the following semester.
4. Other (please explain):

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**This appeal is based on the claim of (check all that apply):**

- ☐ Error
- ☐ Grading Inconsistency
- ☐ Other (please explain):

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On the separate sheet of paper, please provide the following information:

1. A summary of the communication you have had with your instructor on this grade appeal. Include supportive documentation (i.e. emails).
2. A statement of reasons justifying the claim that your grade was improperly assigned. Be specific and provide supportive evidence such as course syllabi, class notes, or any other materials that support your argument.
3. A statement of the solution that you are requesting as a result of this grade appeal. Consider how realistic your suggested solution is.

Finally, add any relevant information and/or documentation that support your appeal (course papers, syllabus, class notes or other material that support your justification).

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**Student Signature**

**Date**

**Complete this form and submit it to Bridget Scott, Academic Administrative Lead Coordinator. Retain a copy of your completed appeal form and all supporting material for possible future reference.**

Appeal of: \_\_\_\_\_  
(Last Name) (First Name) (M.I)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date \_\_\_\_\_

☐ I **Accept** the above action.

☐ I **Reject** the above action.

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**Date**

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**Date**

Appeal of: \_\_\_\_\_  
(Last Name) (First Name) (M.I)

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Date

☐ I **Accept** the above action.

☐ I **Reject** the above action.

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**Date**

Date \_\_\_\_\_