

## Academic Affairs



## Grade Appeal

Brainerd Campus  
501 West College Drive  
Brainerd, MN 56401-3900  
1-800-933-0346 or  
218-855-8031  
Fax: 218-855-8269  
askclc@clcmn.edu

Staples Campus  
1830 Airport Road  
Staples, MN 56479-3252  
1-800-247-6836 or  
218-894-5100  
Fax: 218-855-8269  
askclc@clcmn.edu

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

SSN or Tech ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Check one:  Fall  Spring  Summer Year: \_\_\_\_\_

Are you a post secondary enrollment option (PSEO)/College in the Schools (Concurrent) student?  Yes  No

Course ID	Department	Course #	Section #	Course Title	Credits	Instructor

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Step 1: Informal Complaint

A student who believes that he/she has received an inaccurate/inappropriate grade should first discuss the issue with the instructor to resolve the matter.

Date of Discussion: \_\_\_\_\_

If the discussion does not result in a satisfactory outcome, the student may file a formal written complaint to the instructor. Contact Trudy Austin in Brainerd (located in the administrative suite on 2<sup>nd</sup> floor of both campuses) for more information.

## **Step 2: Formal Complaint**

Student Responsibility: A complaint must address the following three questions. The instructor must receive a copy of the complaint.

1. Describe specific concern/complaint. Syllabus compliance should be addressed.
2. What is the resolution you seek?
3. Attach documents to support your concerns.

Instructor Responsibility: After receiving a formal written complaint from the student, the instructor will respond to the student in writing within five days and send a copy of the complaint and instructor response to Trudy Austin in Academic Affairs. The following questions should be addressed by the faculty member:

1. Describe concerns:
2. Describe the resolution you suggest:
3. Attach supporting documentation.

# Grade Appeal Outcome

## Appeal Criterion

(For an appeal to be approved, zero "No" boxes should be checked)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

SSN or Tech ID: \_\_\_\_\_

Meets Appeal Standards?	Description	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Met with instructor:</b> Student has first attempted to resolve the issue with instructor, written a formal complaint, and has provided evidence of this.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Syllabus Compliance:</b> Student provides documentation that he/she followed syllabus policies and requirements.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Reason for Grade Change:</b> Student has convincing argument/evidence which may include unfair, arbitrary or capricious assignment of a grade or that the grade assignment was in violation of nondiscrimination laws or CLC policies.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Documentation:</b> Adequate documentation is provided which supports the student's assertions and/or claims in the appeal.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Request:</b> The student's request and time frame are reasonable. (In general, 90 days is the suggested time frame).	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Completeness:</b> All sections of the appeal are completed and there are no sections with missing information or data. All documentation is attached.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>College Level Writing:</b> The appeal is written at the college level. This means there is no grammar, punctuation or spelling errors.	

## Appeal Outcomes

<input type="checkbox"/> Appeal Approved	<input type="checkbox"/> Appeal Denied
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Comments: