

MIAMI DADE COLLEGE

Grade Appeal Process and Application Form

Procedures for filing Grade Appeal

See attached College Procedure #8301, also found in the College's Students Rights and Responsibilities Handbook.

Composition of Grade Appeal Committee

Seven (7) total members, three (3) of whom are full-time faculty members, two (2) are administrators, and two (2) are students. Members are appointed by the Campus President. One of the full-time faculty members will be selected by the Campus President to serve as Chairperson of the Committee. All committee members attend an orientation session conducted by the campus Academic/Student Dean.

Term of Service

Two academic years

Quorum

51% of the appointed committee members

Jurisdiction

The committee will only hear appeals from students for those courses scheduled on the campus of the committee. The decisions of the Grade Appeal Committee are final and not subject to further appeal within the college.

Procedures

1. Student attempts to resolve issue **informally** by speaking directly to faculty member.
2. If not resolved, student attempts to resolve issue by speaking with **Department Chairperson**, then proceeds to the next highest administrative level if not resolved (Associate Dean/Director, and Dean).
3. If not resolved, student initiates **Formal Grade Appeal** process by obtaining Grade Appeal form from Academic or Student Deans office, or other designated location on campus (Chair, Associate Dean Office), and completing per instructions, attaching relevant documentation.

4. Student returns to faculty member and submits Grade Appeal form, with **Part I** completed. Student may choose to ask the Dean 's office to forward the Grade Appeal form to the faculty member on his/her behalf, and must indicate so by completing appropriate section of **Part I on Grade Appeal form**.
5. Faculty member completes **Part II** of Grade Appeal form within 15 working days. If grade is changed, faculty member completes Grade Change form within 15 working days and process ends. Grade Appeal form is forwarded by faculty member to Campus President ' s Office for filing.
6. If grade is not changed, student completes **Part III** of Grade Appeal form and submits to Department Chairperson within 15 working days.
7. Department Chairperson, Associate Dean/Director, and Dean sign **Part IV**.
8. Dean=s office contacts Grade Appeal Committee Chairperson to convene meeting and forwards completed Grade Appeal form, with **Part V** completed, to Grade Appeal Committee Chairperson.
9. Committee meets, reviews, deliberates, and renders a decision. Chairperson of Grade Appeal Committee completes **Part VI** of Grade Appeal form.
10. Decision of Committee is communicated in writing by disseminating **Part VI** of the Grade Appeal form to all parties.
11. Completed Grade Appeal form is filed in the Campus President ' s Office.
12. **Decisions of the Grade Appeal Committee are final and not subject to further appeal within the College.**

**MIAMI-DADE COMMUNITY COLLEGE
GRADE APPEAL FORM**

PART I

To: _____
Name of Instructor Department School

From: _____
Student Name Student Number S.S.#

Subject: Request a Grade Change From _____ To _____

Course Name/Prefix/No.	Sequence No.	Year/Term
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Reason for above request _____

**STUDENTS MUST ATTACH ALL RELEVANT DOCUMENTATION, AND
RETAIN THEIR OWN PHOTOCOPIES OF ALL DOCUMENTATION
SUBMITTED.**

*I have read the “**Student Appeal of Grades Procedures**” contained in the Students’ Rights and Responsibilities Handbook and summarized on the procedures sheet. I understand my rights and responsibilities.*

Student Signature

Date

*I further understand that it is my responsibility to initiate this Grade Appeal process and have done so by completing **Part I** of this form and attached all relevant documentation. Due to extenuating reasons, however, I am requesting that this form with attached documentation be forwarded to the instructor on my behalf.*

Student Signature

Date

PART III.

TO: _____
Name of Department Chairperson

_____ I am not satisfied with the action of the instructor and request a review. Attached is a copy of all relevant documentation.

Signature of Student

Date

PART IV.

_____ Name of Dept. Chairperson	_____ Concur with student	_____ Do not concur with student	_____ Date
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Reason: _____

_____ Name of Assoc. Dean/Director	_____ Concur with student	_____ Do not concur with student	_____ Date
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Reason: _____

_____ Name of Dean	_____ Concur with student	_____ Do not concur with student	_____ Date
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PART V
Referred to Chairperson of Grade Appeal Committee

Date

PART VI

From: Grade Appeal Committee

To: Student _____

Student # _____

Instructor _____

Department Chairperson

Associate Dean/Director

Dean

Subject: Grade Appeal _____, _____, _____
(course prefix/no.) (sequence) (term)

_____ Grade change request approved and a copy of the Grade Change form is attached.

_____ Grade change request not approved.

Signature of Chairperson of Grade Appeal Committee

Date

DECISIONS OF THE GRADE APPEAL COMMITTEE ARE FINAL AND NOT SUBJECT TO FURTHER APPEAL WITHIN THE COLLEGE.