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.
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
_______________________________________________________________________
_______________________________________________________________________

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 II.

FROM: ____________________________    TO: ____________________________

Instructor      Student

_____ Request reviewed and a copy of the grade change form submitted to the Department Chairperson is attached.

_____ Request reviewed and no change submitted.

Reason: ____________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

____________________________________       _______________________
Signature of Instructor      Date

The instructor has 15 working days to complete this part of the form. The student has 15 working days from when instructor returns this form to the student to complete Part III of the form and send it to the administrator to whom the instructor reports if further review is desired.
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.

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<th>Concur with student</th>
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<th>Name of Assoc. Dean/Director</th>
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PART V
Referred to Chairperson of Grade Appeal Committee

__________________________  __________________
Date

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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.

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