



Academic/Grade Appeal Form

For Formal Complaints Under the Student Grade Grievance Procedure

Directions

Please complete this appeal form, attach any supporting documentation you may have, and return it to the appropriate Dean's Office. The Dean will respond in writing to your request within 15 business days.

Student ID# _____

Your Cambridge College Location

- Boston
- Lawrence
- Springfield
- NEIB
- Puerto Rico
- Southern California
- CC Online

Student Name _____

Address _____

_____ Phone number _____

E-mail _____

Course _____ **Semester & Year** Fall Spring Summer Year: _____

Course Number example: WRT101	Section example: CA01	Course Name	Instructor

Grade

Grade received _____ Grade expected _____

Detailed Explanation

Please give a detailed explanation of your appeal. Feel free to attach additional pages if necessary. Attach a copy of any supporting documentation you may have.

I hereby authorize Cambridge College to review my academic records and all information pertinent to this complaint. I certify that all statements I have made regarding this document are truthful.

Student signature _____ Date _____

on paper printout or electronic*

***Please see electronic signature options on the Registrar's web page.**

Please do not write below this line — Dean's Office use only

Date received _____

Signature _____