



# 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       Puerto Rico
- Springfield       Southern California

**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 \_\_\_\_\_

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

Date received \_\_\_\_\_ Signature \_\_\_\_\_