



## Grade Appeal Form

All grade appeals must be filed within 30 days of delivered transcript. Any disputes received by the Registrar Office after that time frame will not be reviewed. Please send this form to **<insert email of IGS>**. Please include supporting documents as necessary.

*IGS will review eligible requests and respond within 10 business days after a thorough investigation. All decisions are final.*

### Student Information:

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First Name	Last Name	DOB(MM/DD/YYYY)	Student ID
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### Academic Information:

DisputedCourse(s):

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Course Code	Course Name	Received Grade	Requested Grade
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Course Code	Course Name	Received Grade	Requested Grade
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Course Code	Course Name	Received Grade	Requested Grade
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Reason:

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Signature:

A signature and date is required for processing.

Student Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

