



# Pasadena City College Student Grade Appeal

Student Name: \_\_\_\_\_  
Last M.I. First

Student ID#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

From whom are you requesting a grade change?

Instructor: \_\_\_\_\_ Division: \_\_\_\_\_

Class: \_\_\_\_\_ Section #: \_\_\_\_\_ Semester Taken \_\_\_\_\_

What grade did you receive? \_\_\_\_\_ What grade did you feel you deserved? \_\_\_\_\_

Briefly state your reasons for requesting a grade change. Be sure to attach any supporting documentation.

I certify that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date Signed

***In order for the Vice President of Instruction to respond to the student within the established deadline, please return this completed form within 10 class days to room C231.***