

**GRADE APPEAL FORM
WINONA STATE UNIVERSITY**

Submit this form to the Grade Appeal Committee Chairperson (call the Office of the Vice President for Academic Affairs [507-457-5010] for the name and campus address of the current chairperson) within thirty (30) academic calendar days of the next term (excluding summer terms). Send a copy to the Vice President for Academic Affairs in Somsen Hall 211.

Student's Name	Last	First	Middle Initial
Student's Local Street Address		Warrior ID	
City		Student's E-Mail Address	
State	Zip	Student's Local Telephone Number	
Course Name		Professor's Name	
Course Subject and Number		Department Name	
Term	Year	Grade Received	Grade Requested
Student's Signature		Date	

Reason for Appeal: Please give a detailed account as to the nature of the grade dispute including the date of meeting(s) with the professor to resolve the dispute. Attach any documentation such as a syllabus, graded papers, tests, quizzes, and midterm grades which support your appeal. List all grades received for the class. (If more space is needed, use the back of this form.)

Committee Action Taken	Date Committee Action Taken
------------------------	-----------------------------