



DEPAUL UNIVERSITY

COLLEGE OF COMPUTING AND DIGITAL MEDIA

GRADE CHALLENGE FORM

Name: _____

Student ID: _____

Address: _____

Day Phone: _____

Cit/State/Zip: _____

Evening Phone: _____

Email: _____

I am challenging the final grade of _____ received in _____
grade title of course

_____ -- _____ -- _____ in _____ with _____
course# dept# section# quarter and year professor

I have read the *Grade Challenges* section of the Student Handbook. **I understand that the student bears the full burden of proof that there are sufficient grounds for changing a grade.** This proof must consist of a written statement and supporting documentation. Any challenge submitted without supporting material will be automatically denied.

I would like my grade to be: _____. I am challenging the final grade on the grounds that:

The methods or criteria for evaluating academic performance, made explicit by the instructor at the beginning of the course, usually in a course syllabus or as subsequently modified with the majority consent of the students, were not applied in determining the grade.

The grade was determined or influenced by criteria other than those explained by the instructor or by criteria not relevant to academic performance.

The instructor applied predetermined criteria unfairly which may include but not be limited to the following items:

- The instructor's evaluation of academic performance so exceeded the reasonable limits of the instructor's discretion as not to be acceptable to the instructor's peers.
- Predetermined criteria were not explained at the beginning of the quarter.
- The instructor unreasonably ignored the General Policies on Grading or the guidelines for dealing with plagiarism as stated in the current Faculty Handbook.

I have discussed the grade with the instructor within the time period stated in the *Procedures for Filing a Grade Challenge* section of the Student Handbook: **Yes** _____ **No** _____

I understand that the decision of the Grade Challenge Review board is final, and I will abide by that decision.

Signature

Date

For office use only:

Date submitted to College of CDM: _____

Date forwarded to Review Board: _____