

# Academic Appeals Form COURSE GRADE CHANGE

Registrar Staff sign and date this form: \_\_\_\_\_

Signature

Date

Fill-In Information Below:

Student Name \_\_\_\_\_ CWID: \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

State

Zip

OFFICE OF  
THE REGISTRAR

Phone: 5025976340 Home Phone(\_\_\_\_) \_\_\_\_\_ Advisor: \_\_\_\_\_

Fax: 5025976239

The Academic Appeals Committee can best contact me at the following address:

Local Address \_\_\_\_\_

Street

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completed and delivered to the course instructor (AND a copy delivered to the student's advisor) by n  
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