

California State University, Long Beach  
COLLEGE OF ENGINEERING  
GRADE APPEAL REQUEST AND ROUTING SHEET

): \_\_\_\_\_

Student Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Request a change of grade from \_\_\_\_\_ to \_\_\_\_\_ Course #: \_\_\_\_\_ Section #: \_\_\_\_\_  
Semester/Year: \_\_\_\_\_

Office: \_\_\_\_\_

Recipient signing on behalf of the Department: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting with the Department Chair and Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

List of supporting document(s) attached to this request: *(If you have more documents, continue on the reverse side.)*  
(Burden of proof rests upon the student.)

- 1.
- 2.
- 3.

\_\_\_\_\_ Date: \_\_\_\_\_

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DEPARTMENT GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: \_\_\_\_\_

Recipient signing on behalf of the College Grade Appeal Committee: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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COLLEGE GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

College Grade Appeal Committee Chair: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If approved, the Change of Grade form submitted to Enrollment Services: Date: \_\_\_\_\_

If disapproved Date: \_\_\_\_\_