



MIAMI DADE COLLEGE

GRADE APPEAL PROCESS AND APPLICATION FORM

Information about the Student Appeal of Grades (MDC Procedure 8301) section is available in the [Students' Rights and Responsibilities Handbook](#) and in the [Miami Dade College Catalog](#).

Any student who believes that they have not been evaluated as prescribed in the course syllabus must be provided the opportunity to appeal. A grade appeal should begin informally with the student having a conversation with the faculty member. If the issue remains unresolved, **the student has until the end of the next major term following the assignment of the grade to file a formal grade appeal**. Once initiated, only the student can elect to terminate the process before a final decision has been reached by the committee.

To file a grade appeal, the student will:

1. Complete the form, providing relevant information and documentation.
2. Retain a copy of the entire package.
3. Submit the original grade appeal form to the Academic Dean's Office.

Once the student has submitted the appeal documents, the process is as follows:

1. The Academic Dean's Office will submit the package to the faculty member, or to the Department Chairperson, if the faculty member is not available.
2. The faculty member has **five (5) working days from date of receipt of application** to respond in writing to the Department Chairperson. The response is communicated to the student by the Department Chairperson.
3. If the student is not satisfied with the faculty member's response, the student has **five (5) working days** to formally appeal to the Department Chairperson.
4. The Department Chairperson will submit the entire package to the Associate Academic Dean or the School Director within **five (5) working days** from receipt of the student's appeal request.
5. The Associate Academic Dean or the School Director will sign the grade appeal form within **five (5) working days**, and will submit the package to the Academic Dean.
6. The Academic Dean will sign the grade appeal form and forward the request to the Grade Appeal Committee. The Grade Appeal Committee will convene within **ten (10) working days** and will notify the student of the hearing date by e-mail or certified mail.
7. Following the Grade Appeal hearing, the Chair of the Committee has **five (5) working days** to communicate the decision to the student via certified mail, provided there are no extenuating circumstances. Faculty and academic administrators will also be notified of the decision.
8. If the decision is in favor of the student, a grade change form will be generated by the Grade Appeal Committee Chairperson and co-signed by the Academic Dean. If the decision is to uphold the grade as originally awarded by the faculty member, then the appeal process is finished and the student is notified of the decision.
9. The Grade Appeals Committee's decision is final and not subject to further appeal within the College.
10. All documents submitted will be retained by the Academic Dean's Office.

Step 1 ■■■■■■

Student completes this page.

Name: _____ MDID: _____
 Address: _____
 Phone #1: _____ Phone #2: _____ E-mail: _____

Course information:

Instructor Name: _____
 Course Title: _____
 Course ID: _____ Reference #: _____ Semester: _____

I am requesting a grade change from _____ to _____

Please indicate where the course was taught:

- North Kendall Wolfson Hialeah InterAmerican Homestead
 West Medical Virtual College

Reason for request (additional documentation may be attached):

ATTACH ALL RELEVANT DOCUMENTATION, INCLUDING COURSE SYLLABUS, AND RETAIN YOUR OWN COPIES OF ALL DOCUMENTATION. THESE ARE THE ONLY DOCUMENTS THAT WILL BE CONSIDERED DURING THE APPEAL.

I have read the Student Appeal of Grades Procedures contained in the [Students' Rights and Responsibilities Handbook](#) and summarized on the procedures sheet, and I understand my rights and responsibilities. I further understand that it is my responsibility to initiate this Grade Appeal process and have done so by completing **Step 1** of this form and attaching all relevant documentation.

 Student Signature Date

NOTE: Sign and date this box only if you prefer to have this appeal forwarded to your instructor on your behalf.

Due to extenuating reasons, I am requesting that this form with attached documentation be forwarded to the instructor on my behalf.

 Student Signature Date

Step 2 ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
Instructor completes this page.

From: _____ To: _____
Instructor Name Student Name

_____ Request reviewed and approved. A copy of the grade change form submitted to the Department Chairperson is attached. **Agreement to the appeal change by the instructor ends the appeal process.**

_____ Request reviewed and denied. Grade appeal form is forwarded to the Department Chairperson. **Student may proceed to Step 3.**

Reason:

Signature of Instructor Date

The instructor has **five (5) working days** to complete this part of the form. If the instructor denies the student's grade change request, the student has **five (5) working days** to ask for further review by completing **Step 3** of this form and sending it to the Department Chairperson.

Step 3 ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
Student completes this page.

To: _____
Name of Department Chairperson

I am not satisfied with the decision of the instructor and request a review. All relevant documentation is attached.

Signature of Student

Date

Note: This statement, as well as any scanned/electronic documentation, may be sent via e-mail or as hard copy to the Department Chairperson.

Step 4 ■■■■
Academic administrators complete this page.

THIS PAGE MUST BE SIGNED BY ADMINISTRATORS PRIOR TO THE ACADEMIC DEAN FORWARDING THE REQUEST TO THE GRADE APPEAL COMMITTEE CHAIRPERSON.

DEPARTMENT CHAIRPERSON

Name of Department Chairperson Signature of Department Chairperson Date

Comment:

ASSOCIATE DEAN/SCHOOL DIRECTOR

Name of Associate Dean/School Director Signature of Associate Dean/School Director Date

Comment:

ACADEMIC DEAN

Name of Academic Dean Signature of Academic Dean Date

Comment:

Step 5 ■■■■
Grade Appeal Committee Chair completes this section.

Received by the Chairperson of Grade Appeal Committee:

Signature

Date

Step 6 ■■■■■
Grade Appeal Committee Chair completes this section.

From: Grade Appeal Committee

To: Student _____ Student MDID _____
Name

Instructor _____
Name

Department _____
Chairperson Name

Associate Dean / _____
School Director Name

Academic Dean _____
Name

Grade Appeal for Course: _____
Course ID Reference Number Term

____ Grade change request **Approved** and a copy of the Grade Change Form is attached.

____ Grade change request **Not Approved**.

Name
Chairperson, Grade Appeal Committee

Signature
Chairperson, Grade Appeal Committee

Date

**DECISIONS OF THE GRADE APPEAL COMMITTEE ARE FINAL
AND NOT SUBJECT TO FURTHER APPEAL WITHIN THE COLLEGE.**