
**English Department
Purdue University**

Grade Review Form

Student Information

Name of Student _____ Date _____
ID Number _____ - _____ - _____ Year (circle one) FR. SO. JR. SR.
Academic Advisor _____ School/Major _____
Campus Address _____
Home Address _____

Campus Phone _____ Home Phone _____
Purdue email _____

Course Information

Name of Instructor _____ Semester Course was taken _____
Course _____ Division/Section _____
Grade received in class _____

Please provide an explanation of the reason for your appeal. (Be sure you include a summary of the discussion you had with your instructor about the appeal.) Attach your explanation to this form.

Include this form with **copies** of documentation to support your explanation (do not submit originals).

- Course syllabus
- Graded papers and assignments
- Email correspondence
- Your explanation of the reason for appeal
- Other relevant information

An official Notice of Intention to Appeal must be submitted to CLA Grade Appeals Committee by at least **30 calendar days** after the start of the **regular** semester following the one in which the grade was given.

Student signature _____

Date submitted to ICaP _____