



# Pasadena City College Faculty Response to Student Grade Appeal

**Your response to the following questions will help to clarify the issues involved in this grade appeal. You may continue on additional sheets of paper if necessary and attach supporting documentation.**

Student Name: \_\_\_\_\_  
Last M.I. First

Instructor: \_\_\_\_\_ Division: \_\_\_\_\_

Class: \_\_\_\_\_ Section #: \_\_\_\_\_ Semester Taken \_\_\_\_\_

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

Summarize your understanding of the student's request for a grade change.

What is your response?

Are there any further actions that can be taken to resolve this matter?

Instructor's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

***In order for the Vice President of Instruction to respond to the student within the established deadline, please return this completed form within 10 class days to room C231.***