







Peralta Community College District

ACADEMIC GRIEVANCE *

Grade Appeal Only

In the absence of mistake, fraud, bad faith, or incompetence, the grade determined by the instructor shall be final (Education Code Section 76224)

Name:			SSN:	
	Last Name,	First Name		
		Email	Address:	
A 11	Telephone: () - Day Number	_()	- Evening Number
Address:				
	Number and Street Name			
	City,	State	Zip Code	
Date of Al	leged Violation:	/ / Class:		
(Must be filed within 90 school days)			Class C	Code & Course Title
-	re met with the instruction he following if you wi		-	ean of Instruction**,

- 1. Submit a clear, specific, written statement of your grade appeal on the back of this form. Return completed form to the Office of the Vice President of Student Services.
 - a. The exact nature of the complaint;
 - b. The specific details of the complaint (e.g., a chronology of the event and an explicit description of the alleged violation);
 - c. A description of the informal meeting and attempted resolution, if any.
- 2. Indicate in your grievance what resolution you would like the Grievance Committee to recommend.
- 3. If you are having difficulty filling out the form or composing your grievance, consult the Office of the Vice President of Student Services.
- * Use the Student Grievance form for non grade appeals. For detailed policies and procedures, consult the college catalog.
- ** If you do not know the name or phone number of this person, please call the Office of Instruction on your campus.

(OVER)

FATEMENT OF GRIEVANCE	Name:	
	Last Name,	First Name
Signed:	Date:	/ /
FFICE USE ONLY:		
Appearance Before Committee: Date:/_/	Vice President of Stude Disposition:	nt Services' Final
Final Recommendation Of Committee:	Agreed:	Date: / /
	Rejected:	Date:_ / /
	<u> </u>	-
	Notification to Student:	_