



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar

300 Jay Street, Brooklyn, NY 11201

Telephone (718) 260-5800

GRADE APPEAL FORM

Using your campus email, please send completed form to Registrar@citytech.cuny.edu

College policy states that students who believe they are entitled to have a final grade changed must initiate their appeal within one year from the date the course began. Students initiate an appeal by completing this form and submitting it to the Office of the Registrar. Students must continue to attempt to resolve the matter with the instructor, if available, or the department chair.

Date: _____ Term: _____ Academic Plan: _____
Last Name: _____ First Name: _____
Address: _____
Telephone No.: _____ Email: _____

I wish to appeal the grade received in the following:

Course: _____ Class Number: _____
Term: _____ Grade Received: _____

For the following reasons (Please attach all supporting documentation):

EMPLID

PRINT NAME

SIGNATURE

In the absence of a written signature:

submission from your campus email to Registrar@citytech.cuny.edu will suffice.

GRADE APPEAL INSTRUCTIONS

A student who wished to appeal a final grade must initiate the request by submitting this form to the Office of the Registrar within six months from the first day of the semester following the one in which the grade was recorded. **Appeals may not be initiated after this time period.** For the spring semester and the summer session(s), the six-month period begins on the first day of the fall semester. The student must make an **initial** effort to resolve the matter with the course instructor, **BEFORE** filing this appeal form. If the issue cannot be resolved with the instructor, the student should file this official grade appeal.

The student shall then make an appointment with the chairperson/program coordinator within maximum of (3) weeks of speaking with the instructor. The chairperson/program coordinator will consult with the instructor to discuss the grade within (1) week. The chairperson/coordinator does not have the authority to change the grade.

If the issue is not resolved with the chairperson/coordinator, then the student has the **right** within three weeks of meeting with the chairperson/coordinator, to appeal to the departmental committee elected to resolve the matter. Both the student and instructor must provide all supporting documentation and may be asked to appear before the committee. Once the committee is convened, a decision must be made within a maximum of three weeks. If the committee unanimously recommends that a grade change is in order, then that decision is binding. If not unanimous, then the original final grade remains unchanged.

Submitting the completed form to the Office of the Registrar is only the FIRST STEP. It is the responsibility of the student to see the department chairperson/program coordinator within the time limits for appealing grades.

FOR OFFICE USE ONLY:

A. Departmental Outcome:

Department Authorization
PLEASE PRINT or STAMP NAME WITH SIGNATURE

Date _____

B. Committee Decision: ☐ UNANIMOUS ☐ UNANIMOUS
GRADE CHANGE GRADE STANDS

FROM:

TO:

Committee Representative
PLEASE PRINT or STAMP NAME WITH SIGNATURE

Date _____

C. Office of Registrar

Registrar Signature & Stamp

Date _____