SAGINAW CHIPPEWA TRIBAL COLLEGE

Grade Dispute Form

Semester: _____

Year: _____

Note: Final submission of this form must take place within thirty calendar days of [illegible] classes of the semester in question.

Student's Name: _____ Social Security No: _____

Instructor's Name: _____ Semester: _____

Student's Statement for Requesting Grade Change:

Instructor's response:

Former grade: _____ New grade: _____

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Office Use:

Copies: 1) student file 2) student 3) registrar

Form 013 - 6/05