

Grade Appeal Form

Submit this form to the Grade Appeal Committee Chairperson and the Vice President for Academic Affairs within thirty (30) academic calendar days of the next term (excluding summer and winter terms). Contact the Office of the Vice President for Academic Affairs at 507.457.5010, or academicaffairs@winona.edu, for the current chairperson name and contact information.

Student Last Name	Student First Name Middle Initial
Student Local Street Address	Warrior ID
City	Student E-Mail Address
State Zip	Student Local Phone Number
Course Name	Professor Name
Course Subject and Number	Department Name
Term Year	Grade Received Grade Requested
Student Signature	Date
	to nature of grade dispute including meeting(s) date(s) with ation such as a syllabus, graded papers, tests, quizzes, and rades received for the class.
Committee Action Taken	Date Committee Action Taken
Committee Action Taken	Date Committee Action Taken