

Petition for Final Grade Review

PLEASE PRINT. ALLOW 10 WORKING DAYS, FROM DATE RECEIVED, FOR REVIEW PROCESS.

NAME _____
LAST FIRST MIDDLE

MARIN ID _____

MAILING ADDRESS:

_____ NUMBER STREET APARTMENT

_____ CITY STATE ZIP CODE

DAY PHONE

EMAIL ADDRESS

_____ AREA CODE TELEPHONE NUMBER

Statement of the Dispute

Please provide a clear and concise statement of the dispute. In a separate document please provide a typed account of the details of the specific violation of Title 5 Section 55025, and enclose copies of all documents, assignments, or related materials indicating that Title 5 Section 55025 has been violated.

INSTRUCTOR'S NAME

COURSE TITLE

COURSE NUMBER

COURSE RECORD NO.

SEMESTER

Fall 20__ Spring 20__ Summer 20__

Identification of the resolution, corrective action, or remedy being sought.

Summary

Provide a detailed summary of the actions already taken to resolve the issue, including dates and times for meetings that occurred during the Informal Grade Dispute Procedure and recorded on the Request for Grade Reconsideration Form.