

## **Notice of Grade Appeal**

Students are strongly advised to contact the SRC, TSI or the Associate Vice President, Quality Assurance for advice and assistance in completing this document and on how best to proceed with the grade appeal.

Name:			Student ID #		
Program:	Sem	Semester (year and fall, winter or spring)			
Campus:	(Please check the appropriate campus)	Windsor South	SCCA 🗖	Thames	
Name of	course being appealed:				
Course II	O of course being appealed: (eg. ACC100	))			
Name of	Professor(s) who taught the course:				
Where the	ere technicians involved in the delivery o	of the course being appo	ealed? Yes	No	
•	ovide the name(s) of any technicians invo	·			
Please inc	licate the grade that was assigned and wh				
Phone Nu	mber(s):				
Email Ad	dress:				
Mailing A	Address:				
Date of fi	ling with Registrar's Office (stamp)				

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Signature:		
I acknowledge that the statements that I ha	ive made above are accurate and true.	
facts that would support your Grade Appea	ar claim. Attach an additional sheet, if necessary.	

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