**NSCM Student Grade Appeal / Student Complaint Evaluation**

**(NSCM Internal Use Only)**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_**

**Intructor Name: \_\_\_\_\_\_\_\_\_\_\_\_**

**Course Number and Name: \_\_\_\_\_\_\_\_\_\_\_\_**

**Semester: \_\_\_\_\_\_\_\_\_\_\_\_**

**Issue:**

**Initial appeal was submitted on to \_\_\_\_\_\_\_\_\_\_\_\_ via email, phone or in person (mark one).**

|  |  |  |
| --- | --- | --- |
|  | Decision Made (Denied / Supported / Absence) | Explanations (attach additional pages as needed) |
| **Level 1: Instructor’s Decision:** |  |  |
| **Level 2: Program Area’s Decision:** |  |  |
| **Level 3: Student Success Committee’s Decision:** |  |  |
| **Level 4: NSCM Associate Director’s Decision:** |  |  |
| **Level 5: NSCM Director’s Decision:** |  |  |