COLLEGE OF MARIN

OFFICE OF ADMISSIONS & RECORDS

Petition for Final Grade Review

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

NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE)

MARIN ID M _____

MAILING ADDRESS:

_____ (NUMBER) _____ (STREET) _____ (APARTMENT)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

DAY PHONE _____ (AREA CODE) _____ (TELEPHONE NUMBER)

EMAIL ADDRESS _____

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.