

**Course Grade Appeal  
Pellissippi State Technical Community College**

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Identification Number:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Course (including section number):** \_\_\_\_\_

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

**Explanation for Appeal (to be completed by student):**

**Notes:**

**Resolution (to be completed by department head):**