DePaul University - College of Commerce

GRADE CHALLENGE FORM

Directions: Please provide the information requested below and submit two copies of the challenge to the Dean's Office, 5100 DePaul Center. This form must be typed.

DATE ______________________

NAME ________________________ DePaul ID # ________________

ADDRESS _____________________________________________________________

HOME# ____________________________ WORK# ___________________________

CURRENTLY ENROLLED IN:

UNDERGRADUATE DAY _____ UNDERGRADUATE EVENING _____

GRADUATE _____

THIS CHALLENGE REFERS TO:

FACULTY MEMBER ______________________________________________________

COURSE ___________________________ SECTION __________________________

TERM/YEAR _______________________

GRADE RECEIVED _____ GRADE EXPECTED _____

HAVE YOU DISCUSSED THE GRADE WITH THE PROFESSOR WITHIN THE TIME PERIOD STATED IN THE PROCEDURES: YES ______ NO ______

For Office Use Only

Date received in Dean's Office _____________________

Date forwarded to Review Board ___________________

Members of the Review Board for this Challenge:

Chair, __________________________________________, __________________________________________
Decision of the Review Board: ACCEPT _____ REJECT _____

REASONS FOR CHALLENGE:

(Explain in full in the space provided below and, where possible, attach supporting documents referred to in the explanation. A course syllabus must be submitted with the challenge.)