

Academic Grievance Form



PLEASE PRINT CLEARLY

Student Name: _____ Student ID: _____

Address: _____

Day Phone: _____ Evening Phone: _____ E-mail Address: _____

Course Title/Number: _____ Days/Times: _____

Semester/Year Course Taken: _____ Instructor: _____

As stated in the University Bulletin, to resolve grievances regarding grading, course requirements, attendance requirements, and other academic concerns the following steps must be taken; Student discusses the complaint with the faculty member. Student may appeal to the appropriate department chairperson. Student may appeal to the appropriate academic dean. Grievances not resolved at the dean's level may be referred by the student, in writing, to the Student Affairs Committee of the University Senate. The Provost and Senior Vice President will render a final decision within six (6) weeks of receiving the appeal from the Student Affairs Committee.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Chairperson's Signature _____ Date _____

Dean's Signature _____ Date _____

Student Affairs Committee Signature _____ Date _____

Provost and Senior Vice President Signature _____ Date _____