

Student Academic Grievance Form

Name:		ID Number:		
) -			
City:	State:		Zip Code:	
Email:				
Course Infor	mation			
Course Number & Title: _				
Class Number:		Semester:		
nstructor:				
	Student Signature ORRESPONDING TO THE TYPE OF	ACADEMIC GRIEVANCE THAT YO	Date OU ARE	
Grade	Exam	Instructor	Withdrawa	
Assignment	Other Academic Issu	ue (Please Specify)		
	YOUR COMPLAINT AS THOROLIC	GHLY AS POSSIBLE. GIVE REASON	IS FOR YOUR	

WHAT DOES THE COURSE SYLLABUS STATE ABOUT AREAS RELATED TO YOUR GRIEVANCE?		
I ONE OR TWO SENTENCES, EXPLAIN WHAT YOU FEEL SHOULD BE DONE TO	O REMEDY THE SITUATION.	
HE FOLLOWING DOCUMENTATION IS REQUIRED. PLEASE ATTACH ALL MATE RIEVANCE (eg. syllabus, test results, grading rubric, correspondence, etc.).	ERIALS RELATED TO YOUR	
The first step in the grievance process is to discuss the issue with your resolve the issue. This step must be done within 15 (working) days		
Result of the Meeting DATE OF THE MEETING:		
Student:		
Student Signature	Date	
Instructor:		
Instructor Signature		
INSTITUTOR NOMETHIA	Date	



IF AND ONLY IF the issue is still unresolved, the next step in the grievance process is to see the Division/Department Chair with the completed Student Academic Grievance Form in hand within 10 (working) days of meeting with your instructor.

Result of the Meeting DATE OF THE MEETING:	
Student:	
Student Signature	Date
Division Chair:	
Chair Signature	Date
IF AND ONLY IF the issue is still unresolved, see Heather McAr Affairs, with all paperwork in hand within 10 days of meeting wadministrator will meet with the student, faculty member, and and attempt to resolve the issues. This is the final step for issues.	vith the Chair. The appropriate the Division/Department Chair
Result of the Meeting DATE OF THE MEETING:	
Student:	
Student Signature	Date
Dean/VP:	