Student Grievance Form (Non-Grade Related)

Aggrieved Student’s Name: ___________________________ Date: ________________
Email: ________________________________ Phone: ________________
Degree Program: ___________________________

Course No. & Title: ___________________________

Name of faculty member/instructor implicated in the grievance: _________________

I. Names of additional faculty, instructors, or staff contacted by the student regarding the grievance, and the date of the contact.

1. _______________________________ Date: ________________
2. _______________________________ Date: ________________
3. _______________________________ Date: ________________
4. _______________________________ Date: ________________
5. _______________________________ Date: ________________

II. A statement of the academic grievance including a timeline with specific dates. [Copies of relevant materials, such as email correspondence, may be attached.]

III. The student(s) is to state with clear justification what they believe the outcome should be.

In signing below, the student agrees that the facts presented herein are accurate and represent the situation fairly.

Signature of Student: ___________________________ Date: ________

Revised Nov. 30, 2018