Student Academic Grievance Appeal Form

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 concise statement of the academic grievance including a timeline with specific dates.

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