

ACADEMIC GRIEVANCE FORM

A student who wishes to raise a concern about an academic issue must initiate the process. The process requires the student to complete an "Academic Grievance" form and submit it to the person, instructor, staff, or administrator against whom the complaint is being made. If the grievance is resolved at that time, no further action is needed but both student and respondent should keep a record of the complaint with copies forwarded to the offices of the Program Coordinator, School Chair, College Dean, and Dean of Faculty and Student Academic Support Services, and Vice President for Academic Affairs within five business days.

If the grievance is not resolved, the student should appeal to the supervisor of the person, against whom the complaint is being made, (for example: if the unresolved grievance is against a faculty member, the student should appeal to the program coordinator). If the grievance is resolved with this person, no further action is needed but, as above, a record of the grievance and its resolution should be sent to the next lines of authority.

If the grievance is still not resolved, the same procedure may be used to appeal to the school chair, college Dean, and the Dean of Faculty and Student Academic Support Services, respectively. If the matter remains unresolved, the grievance may be appealed to the Vice President for Academic Affairs, whose decision is final. At each line of authority, the Academic Grievance form is completed and moved to the next level by all involved in the grievance process.

Student's Name:	Email Address:
Phone Number:	_
Write a brief statement explaining the nature of needed):	your grievance, including any prior actions (use additional sheets if
List the documents that support your position (li	ist them here and attach copies. Do not submit originals):
Signature:	Date:
Name of person against whom grievance is filed	d:
First Respondent's Name:	
Title:	_
Email	Phone:

Action Taken (Use additional sheets if needed. Note: List them here and attach copies. Do not submit originals):

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Signature:	Date:
Second Respondent's Name:	
Title:	
Email:	Phone:
Action Taken (Use additional sheets if ne	eeded. Note: List them here and attach copies. Do not submit originals):
Signature:	Date:
Third Respondent's Name:	
Title:	
Email:	Phone:
Action Taken (Use additional sheets if ne	eeded. Note: List them here and attach copies. Do not submit originals):
Signature:	Date:
Fourth Respondent's Name:	
Title:	
Email:	Phone:
Action Taken (Use additional sheets if ne	eeded. Note: List them here and attach copies. Do not submit originals):
Signature:	Date:
Vice President for Academic Affairs	
Action Taken (Use additional sheets if ne	eeded. Note: List them here and attach copies. Do not submit originals):
Signature:	Date: