

Academic Grievance/Appeal Procedure Form

Undergraduate/Graduate

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Present Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CourseTitle/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Days/Times\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Semester/Year Course Taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As stated in the Undergraduate/Graduate Course Catalog, to resolve grievances regarding grading, course requirements, attendance requirements, and other academic concerns the following steps must be taken in order. *The student must accompany the appeal with a clear, succinct statement and compelling evidence that there are legitimate grounds for a grade appeal. All supportive documentation/evidence must accompany the grievance/appeal.*

**Step 1:** **Faculty Member**: Meeting and discussion with the faculty member involved to resolve the situation in question must take place within (10) university calendar days of the **next** full semester (fall or spring) in which the grievance takes place. At the conclusion of the meeting, the faculty member will inform the student of a decision in writing.

**Step 1: Nature of concern written by student** (use additional sheets if necessary):

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**Step 1**: **Faculty member’s recommendation for resolution** (use additional sheets if necessary):

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Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Universities surveyed do not have this step***

**Step 2:** **Faculty Member**: 2A The student may initiate a written appeal with the faculty member within (10) university calendar days of notification of the decision of the faculty member; 2B the faculty member will respond in writing within ten (10) university calendar days of the date of receipt of the written appeal. Should the faculty member fail to respond within ten (10) university calendar days, the student may present his/her written appeal to the next level of review the department chairperson, within 10 calendar days.

**Step 2A: Student’s appeal to the faculty member**

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**Step 2B : Faculty Member’s Response**: (use additional sheets if necessary):

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**Step 3:** **Department Chairperson**: Written appeal to the appropriate department chairperson within ten (10) university calendar days of notification of a decision pursuant to the previous step or upon failure of the faculty member to respond within the prescribed ten (10) calendar days.

**Step 3: Student’s Appeal to the Department Chairperson (use additional sheets if necessary):**

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Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 3: Department Chairperson’s Decision on Student Appeal**

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Chairperson’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 4**: **Academic Dean**: Written appeal to the appropriate Academic Dean within ten (10) university calendar days of notification of a decision pursuant to the previous step. The appropriate Dean shall provide the student with a written decision within ten (10) calendar days of receipt of the appeal from Step 3.

**Step 4: Student written appeal to the Academic Dean** (use additional sheets as necessary):

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**Step 4: Academic Dean’s Decision**

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Academic Dean’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 5:** Written appeal to the University Senate Student Affairs Committee within ten (10) university calendar days of notification of a decision pursuant to the previous step 4.

**Step 5: Written appeal by the student to the University Senate Student Affairs Committee.** (Use additional sheets as necessary):

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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_