

Grade Change and Academic Grievance Form

Part 1 – Completed by the Student and submitted to the department chair (or other person nearest in responsibility)

Initiated by:

Date:

Department:

Phone:

Against:

Position:

A. Charge: State the specific problem(s) or charge(s) you wish to appeal.

B. Background Information. Please attach a typed description of the nature of the alleged violation(s) or grievances and provide any evidence or information to support your claim(s). Include date, time and place as appropriate. Identify any witness, if relevant; they should have direct knowledge of the alleged violation(s).

C. Harm Experienced. Please attach a typed description of the nature of the alleged harm that you feel you have experienced.

D. Relief Requested. In the space below, describe the relief you seek. Attach additional page(s) if necessary.

Part 2 – Completed by the department chair (or other person nearest in responsibility)

Name:

Date:

Date appeal received:

Conference date:

Results. Describe steps taken to address the appeal and the outcome(s). Attach additional typed pages if necessary.

Part 3 – Completed by the dean or next administrative authority

Name:

Date:

Date appeal received:

Conference date:

Results. Describe steps taken to address the appeal and the outcome(s). Attach additional typed pages if necessary.