

## FORMAL ACADEMIC GRIEVANCE FORM FOR STUDENTS

INSTRUCTIONS: Please read the Policy on Student Academic Grievances (12.01) at <http://www.uni.edu/policies/1201> before filling out this Student Academic Grievance Form.

Completion of pp. 1-3 of this form constitutes the beginning of the first stage of a Formal Appeal process. At any point in the process, if a resolution is reached that is satisfactory for both faculty member and student, the process may stop. The copy of the resolution and the portion of the form that is completed will be kept in the student's departmental file for 10 years.

If a resolution is not reached after following the procedures described in the Policy on Student Academic Grievances and bringing the appeal to the faculty member's department head and dean, as well as completing pp. 4-6 of this document, the second stage of the Formal Appeal process may begin.

The submission of this form to the Office of the Provost (Seerley 1) establishes the beginning of the second stage of a formal appeal, which falls under the authority of the Student Academic Appeals Board. Upon submission, copies of this form will be sent to the Faculty member involved, and to the faculty member's department head and dean. The Chair of the Appeals Board will contact the student filing the appeal to arrange the Appeal Hearing within twenty (20) school days from the day the Chair receives the Appeal.

STUDENT NAME \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

STUDENT MAILING ADDRESS \_\_\_\_\_  
*Street City State Zip*

STUDENT MAJOR DEPARTMENT \_\_\_\_\_ STUDENT PHONE NUMBER \_\_\_\_\_

NAME OF FACULTY MEMBER FROM WHOM REDRESS IS SOUGHT \_\_\_\_\_

COURSE NUMBER \_\_\_\_\_ SECTION \_\_\_\_\_

COURSE NAME \_\_\_\_\_ SEMESTER TAKEN \_\_\_\_\_

\_\_\_\_\_ I have completed the informal procedure for resolving a student academic grievance by meeting with or corresponding with:

\_\_\_\_\_  
*Faculty Member's Signature*

\_\_\_\_\_  
*Meeting Date or Date of Correspondence*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

**STATE THE SPECIFIC NATURE OF THE GRIEVANCE BY DESCRIBING, IN  
DETAIL AND THROUGH SPECIFIC EXAMPLES, HOW THE FACULTY  
MEMBER’S POLICY OR CONDUCT HAS AFFECTED YOUR ACADEMIC  
OUTCOMES:**

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**INDICATE WHAT YOU WOULD CONSIDER A SATISFACTORY SOLUTION TO YOUR CONCERN:**

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This is to affirm that the above is an accurate representation of my grievance.

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*Student's Signature*

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*Date*

**FACULTY MEMBER’S RESPONSE** (to be completed within 10 class days from date of receipt from student):

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\_\_\_\_\_  
*Faculty Signature*

\_\_\_\_\_  
*Date*

*If the student is satisfied with this resolution, no further action is necessary.*

*If student is dissatisfied, please sign below, and continue the process by sending this form electronically to faculty member's department head within 10 class days of the date the form was sent by the faculty member to the student.*

\_\_\_\_\_  
*Student Signature indicating need to continue the process*

\_\_\_\_\_  
*Date*

**PORTION TO BE COMPLETED BY THE FACULTY MEMBER'S DEPARTMENT HEAD IF THERE IS NO SATISFACTORY RESOLUTION FOUND OR IF THE GRIEVANCE IS DEEMED TO BE UNFOUNDED OR CANNOT BE REDRESSED (If there is a satisfactory resolution found, attach a written statement of the resolution as an appendix to this appeal form.)**

STATE (1) YOUR SUGGESTED RESOLUTION AND/OR (2) WHY IN YOUR JUDGMENT THIS GRIEVANCE IS WITHOUT MERIT OR CANNOT BE REDRESSED.

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\_\_\_\_\_  
*Department Head's Signature*

\_\_\_\_\_  
*Date*

**PORTION TO BE COMPLETED BY THE FACULTY MEMBER'S DEAN IF THERE IS NO SATISFACTORY RESOLUTION FOUND OR IF THE GRIEVANCE IS DEEMED TO BE UNFOUNDED OR CANNOT BE REDRESSED (If there is a satisfactory resolution found, attach a written statement of the resolution as an appendix to this appeal form.)**

STATE (1) YOUR SUGGESTED RESOLUTION AND/OR (2) WHY IN YOUR JUDGMENT THIS GRIEVANCE IS WITHOUT MERIT OR CANNOT BE REDRESSED.

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\_\_\_\_\_  
*Dean's Signature*

\_\_\_\_\_  
*Date*

***IF THERE HAS NOT BEEN A SATISFACTORY RESOLUTION FROM THE PROCESS THUS FAR, THE SECOND STAGE OF THE FORMAL PROCESS BEGINS BY BRINGING THE CASE BEFORE THE STUDENT ACADEMIC APPEALS BOARD.***

**TO BE COMPLETED BY THE PROVOST'S OFFICE:**

DATE RECEIVED BY PROVOST'S OFFICE \_\_\_\_\_

DATE SENT TO CHAIR OF APPEALS BOARD \_\_\_\_\_

**TO BE COMPLETED BY APPEALS BOARD CHAIR:**

DATE RECEIVED BY APPEALS BOARD CHAIR \_\_\_\_\_

DATE OF HEARING \_\_\_\_\_

PERSONS PRESENT AT HEARING AND ROLE IN HEARING:

**APPEALS BOARD DECISION:**

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*Signature of Appeals Chair*

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*Date*

(University Faculty Senate, April 12, 2012)