

**Graduate Student
Formal Grievance Form**

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

STUDENT NAME: _____ PANTHER ID #: _____
MAILING ADDRESS: _____
City: _____ State: _____ Zip _____
PHONE NUMBER: _____ E-MAIL ADDRESS: _____
COLLEGE: _____
DEPARTMENT: _____
MAJOR: _____
DATE OF INITIAL INFORMAL GRIEVANCE: _____

The signatures below indicate that the informal process has occurred without satisfactory resolution.

Student

Department Chairperson

Dean or designee

MUST BE COMPLETED BY STUDENT

PLEASE MARK DISPUTE THAT APPLIES TO YOUR GRIEVANCE

Remember, the dispute must fall within the scope of the (5) five issues listed below:

- 1) Unprofessional conduct by a professor which adversely affects either a student's ability to satisfy academic expectations, whether in the classroom, the field, or a lab, or the student's actual performance;
- 2) Improper admission counseling;
- 3) Improper counseling by an adviser;
- 4) Arbitrary grading for coursework, comprehensive examination, thesis or dissertation; and
- 5) Arbitrary non-renewal of a graduate assistantship or arbitrary dismissal from a course or program.

PLEASE DESCRIBE YOUR GRIEVANCE. *Attach any additional information that you consider pertinent to your case.*

Notifications Indicating Receipt of Grievance and Date of Grievance Hearing

CERTIFIED LETTER SENT TO STUDENT: _____ Date: _____
CERTIFIED LETTER SENT TO PROFESSOR: _____ Date: _____
Date of Notification of Grievance Hearing: Student: _____ Professor: _____

RECOMMENDATION OF THE GRIEVANCE COMMITTEE:

_____ Supports grievance _____ Does not support grievance

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COMMENTS:

Chairperson Signature

GRIEVANCE COMMITTEE MEMBERS:

ACTION BY THE FACULTY FELLOW FOR ACADEMIC INTEGRITY:

_____ Supports Committee's recommendation

_____ Does not support Committee's recommendation

Signature of Fellow

COMMENTS:

APPEAL TO THE PROVOST: Yes _____ No _____

FINAL DISPOSITION BY PROVOST: Supports Fellow's recommendation: _____ Yes _____ No

Comments:

Date of Notification of Final Disposition: Student: _____ Professor: _____