Undergraduate 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: ___________________________

COURSE TITLE_________________________________________________ COURSE NO.______________________________

DATE OF INITIAL GRIEVANCE: ____________________ DATE of Informal Process Completion __________________

(Today) __________________

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

Student Signature: __________________________________________ Date: __________________

Department Chairperson Signature: __________________________ Date: __________________

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
Undergraduate Student

Formal Grievance Form

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: _______________