

STUDENT ACADEMIC GRIEVANCE FORM

CONFIDENTIAL

STUDENT: COMPLETE ITEMS 1 – 6

1. _____
Name Phone # Student ID#

2. _____
Address City State Zip Code

3. Clearly state the problem: (attach additional paper if necessary)

4. What specific action do you request? _____

5. Have you discussed the problem with your instructor? YES _____ NO _____

6. I CERTIFY THAT ALL INFORMATION RECORDED ABOVE IS CORRECT.

Student's Signature Date

7. Have you discussed the problem with the student? YES _____ NO _____

Department Head Signature _____ Date _____

Provost Signature _____ Date _____