

## WILLIAM J. MAXWELL COLLEGE OF ARTS & SCIENCES Office of the Dean

## **ACADEMIC GRIEVANCE FORM**

Name:			Empl ID #:			
Address:				Telephone #:	()	
Email address:			Enrollment:	Full-time	Part-time	
Status: Unde	ergraduate	Graduate	Visiting	Major:	Minor: _	
Name of Instructor:			Semester Taken:			
Catalog #:		Course Title:		Reference #:		

**Note to Student**: Describe briefly below the nature of your grievance. Please include a typed letter that describes in detail the circumstances surrounding your concern. In addition, attach any relevant supporting documentation, such as copies of your papers, exams, assignments, and syllabus. Please note that submission of this form brings the issue to the attention of the Office of the Dean for review and follow-up as appropriate; to activate the formal grievance policy, you should follow the procedure outlined in the official university publication (see page 29 in the *Undergraduate Catalog 2007-2010*): 1) Student discusses situation in question and initiates a written appeal with the faculty member. 2) Student appeals to the department chairperson. 3) Student addresses grievance in writing to the appropriate academic dean. Grievances not resolved satisfactorily at the