



**COLLEGE OF HEALTH
AND HUMAN SERVICES**

THE UNIVERSITY OF TOLEDO

College of Health and Human Services PETITION FOR ACADEMIC GRIEVANCE

Student's Name	Date
Address	
Rocket ID:	Telephone Numbers Local Permanent
Course Number/Name	Term
Issue being grieved (attach documents as needed):	
Instructor	Grade Received
I have met with the student and am unable to resolve the student's grievance.	
Professor's Signature: _____ Date: _____	
Departmental Recommendation:	
Chair's Signature: _____ Date: _____	
Reason for Appeal/Desired Outcome - Attach a typed written description of the grievance and the desired outcome. Be very specific. Cite the specific problem and back it up with evidence.	
Student's Signature: _____ Date: _____	
Associate Dean Recommendation:	
Associate Dean's Signature: _____ Date: _____	

Health and Human Services' Undergraduate/Graduate Academic Grievance Committee
Recommendation:

Associate Dean's Signature: _____ Date: _____