University College

Student Academic Grievance Form

For any questions about the proper processing of this form, please refer to the Student Academic Grievance Procedure on the University College website. This form should only be initiated <u>after</u> an initial discussion with the course instructor has taken place.

Name:	Rocket #: Email:		
Contact number:			
Type of Grievance:	Academic Con	duct Violation	Final Course Grade
Semester:	Ins	tructor <u>:</u>	
Course Name:			Course Number:
Date of initial meeting v	vith Instructor:		
Instructor: I have met with a am unable to resolve the stu			
		(Instructor	signature and date)
Please state the na	ature of your grievan	ce and your reques	ted remedy (attach additional
	documentation	to support your po	sition):
Studer	nt Signature		Date
Once completed	, this form should be	submitted to the d	lepartment chair for review.
Reviewed by Departme	nt Chair:		
		(Der	partment Chair signature and date)
		(DC)	salan and and an analysis and accept
Reviewed by College De	<u>an:</u>		
		(Colle	ege Dean signature and date)