FINAL GRADE GRIEVANCE FORM

1. Background Information:

Name of Student_____ Student Number J00 _____
Course or Academic Evaluation: course_____ comprehensive oral_____ comprehensive written_____
thesis defense_____ other (explain) _____

Course Term: ☐ Fall ☐ Spring ☐ Summer Year _____

Course and Grade Received or Academic Action Taken: _____

_____

Desired Outcome: _____

2. Nature of Complaint:

Check the grounds for the grievance that applies to this case:

☐ Arithmetical or clerical error.

☐ Arbitrary or capricious evaluation on the part of the instructor.

☐ Substantial failure on the part of the instructor to follow course syllabus or other announced grading policies.

☐ Extraordinary mitigating circumstances beyond the student's control.

On a separate page or pages, explain your reason(s) for filing this complaint. In particular, describe how the grounds indicated above apply in this case. Attach any documentation that supports your complaint. **Clarity and thoroughness in documentation are important factors in determining whether this complaint will be dismissed or heard by a grievance facilitator.** Number of pages attached: _____

Have you attempted to resolve this matter with the instructor? ☐ Yes ☐ No

Was your attempt to resolve this matter with the instructor completed? ☐ Yes ☐ No

Within the required four-week time frame? ☐ Yes ☐ No

Date of informal meeting with instructor: _____

Outcome of meeting with instructor (If no meeting took place, explain why): _____

_____

_____

Grievance Form Received by: _____ _____
(Signature) (Date)

A COPY OF THIS SIGNED AND DATED FINAL GRADE GRIEVANCE FORM HAS BEEN RETURNED TO ME:

Student Signature:_____ Date: _____

3. Result of Grievance Conference:

Date of Conference: _____

Outcome of Conference:

☐ The grievance was resolved.

Explanation: _____

_____

_____

_____

☐ The grievance was not resolved.

Facilitator Signature: _____ Date: _____

4. Student Decision: (if grievance was not resolved through a grievance conference):

☐ The student accepts the original grade given.

☐ The student wishes to file an appeal to the College Final Grievance Committee.

The student acknowledges receipt of signed and dated copy of this document showing the student's decision.

Student Signature: _____ Date: _____

Facilitator Signature: _____ Date: _____

5. Result of Appeal to the College Final Grade Grievance Committee:

Date of hearing: _____

☐ The original decision is upheld.

☐ The original decision is not upheld.

Explanation if original decision is not upheld: _____

_____

_____

_____

Signature of committee chair: _____ Date: _____

Date written notification sent to student, instructor, department chair and dean: _____
(attach copy of written notification)

6. Request for Appeal to Dean: (may be requested by student and/or instructor)

I WISH TO APPEAL THE COLLEGE FINAL GRADE GRIEVANCE COMMITTEE DECISION:

Student or Instructor Signature:_____ Date: _____

Appeal Received by:_____ Date: _____
(Signature)

I HAVE RECEIVED A SIGNED AND DATED COPY OF MY REQUEST FOR APPEAL:

Signature:_____ Date: _____

7. Result of Appeal to Dean:

☐ The original decision is upheld.

☐ The original decision is not upheld.

Explanation if the original decision is not upheld: _____

_____

_____

_____

Dean _____ Date: _____
Signature)

Date written notification of decision sent to student, instructor and the department chair:_____
(attach copy of written notification)