

REQUEST STUDENT ACADEMIC GRIEVANCE COMMITTEE HEARING (GS POLICY 3.8)

Student Name: _____ **Expected Year and Quarter of Graduation:** _____

Per [Graduate School Policy 3.8](#), the academic grievance procedure is for “Graduate students who believe they have been subjected to unfair treatment in the administration of academic policies.” Please also see [Student Guidance for Academic Grievances](#).

1. Details of the Complaint:

Provide a clear and factual description of the issue. Include dates, times, locations, course names, and individuals involved. Attach additional pages if necessary.

Date(s) of Incident(s): _____

Location(s) (if applicable): _____

Course/Subject (if applicable): _____

Instructor/Staff Involved: _____

How did your treatment deviate from documented program procedures and or policies?

Please describe how this treatment impacted you:

2. Previous Attempts to Resolve the Issue (*Describe actions you have taken to resolve this matter and why the outcomes were not satisfactory.*)

Person(s) Contacted: _____

Date(s) of Communication: _____

Summary of Actions Taken and Outcomes:

Why the Outcome Was Not Satisfactory:

3. Desired Outcome(s) (*Clearly state the resolution you are seeking and explain why it is appropriate.*)

Requested Outcome(s):

Reason(s) for Requested Outcome(s):

Supporting Documentation *(Check and attach all that apply)*

Emails/Correspondence

Course Syllabus

Graded Assignments/Exams

Written Statements

Other:

Student Statement:

I certify that the information provided in this form is accurate and complete to the best of my knowledge.

cc: Student File
Student Advancement Committee
Program Directors