

# 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)