1. Background Information:

Name of Student __________________________ Student Number L ___________
Phone_______________ Email __________________ Major _______________________

2. Course or Academic Evaluation: (please check)

___ Course Grade (provide course number & name) __________________________
___ Comprehensive oral exam    ___ Comprehensive written exam  ___ Thesis defense

Course Term:    ____Fall     ____Spring    ____Summer           _______Year

Course Instructor:  ________________________________________

Grade Received or Academic Action Taken:  __________________________________________
________________________________________________________________________

Desired Outcome:  ___________________________________________________________
________________________________________________________________________

3. Nature of Complaint: (Check the grounds for the appeal that applies to this case)

___ Arithmetical or clerical error
___ Arbitrary or inequitable evaluation on the part of the instructor
___ Substantial failure of the instructor to follow course syllabus or other announced grading policy
___ Other (Briefly state) _____________________________________________________

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 the appropriate administrative unit.**

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

Date of informal meeting with instructor:  _____________________

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

Is this appeal to the department chair within the required 6-week time frame?    ___Yes     ___No
(Note: Deadline is 6 weeks after the end of the term in which grade was issued.)

Grade Appeals Form Received by:   ______________________________ _______________
(Signature: Department Chair)   (Date)

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

Student Signature:   ________________________________  Date:___________
4A. Result of Appeal to the Department Chair

Date of meeting with Department Chair ______________

Outcome of meeting:
___ Grievance was resolved.
___ Grievance was not resolved.

Explanation: ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4B. Student Decision: (if grievance was not resolved after meeting with department chair):
___ The student accepts the original grade given.
___ The student wishes to file an appeal to the Dean (original forwarded to Dean).

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

_____________________________________________________________________

Student Signature             Date signed

_____________________________________________________________________

Department Chair Signature            Date signed

5A. Result of Appeal to the College Dean

Date of meeting with the Dean ______________

Outcome of meeting:
___ Grievance was resolved.
___ Grievance was not resolved.

Explanation: ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5B. Student Decision: (if grievance was not resolved after appeal to the Dean):
___ The student accepts the original grade given.
___ The student wishes to file an appeal to the VPAA (original forwarded to VPAA).

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

_____________________________________________________________________

Student Signature             Date signed

_____________________________________________________________________

Dean Signature             Date signed
6A. Result of Appeal to the Vice-President of Academic Affairs

Refer appeal to Grievance Committee

Yes __ (if yes, see 6B)

No __ (if no, see 6C)

6B. Results of Appeal to Grievance Committee

Date of meeting of Grievance Committee ______________

Recommendation of Grievance Committee to VPAA

_____ Original grade of instructor should be upheld.

_____ Modification(s) to original grade of instructor should be made.

Suggested modification(s) ______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Explanation: _______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________  ________________
Signature: Chair of Grievance Committee        Date signed

6C. VPAA Decision:

_____ Original grade of instructor is upheld.

_____ Grade is changed from ________ to __________ (forward grade change to registrar).

_________________________________________________    ________________
Signature:  Vice-President of Academic Affairs            Date signed

Date written notification of decision sent to student, instructor, department chair, and dean:

(attach copy of written notification)