## Office of the Provost

Academic Grievance Committee Dr. Jennifer A. Pintar, Judicial Administrator 330-941-4628

Student Academic Grievance STUDENT'S FORM
Date Grievance Filed
SECTION A (Student Information)
Name
Banner ID Number
Current Address
Phone Number E-mail
Your College (please circle) CLASS H&HS EDUC F&PA STEM WCBA GRAD COLLEGE
Major/Program Class Rank
SECTION B (Instructor Information)
Instructor's Name
Instructor's Department
Course Number and Title of Class
Semester and Year of Course
Grade Received
SECTION C (Informal Process Information)
1. Have you discussed the grievance with your instructor? (please circle) yes no If yes, when?
2. Have you discussed the grievance with the chair of the department in which the class is taught? (please circle) yes no
If yes, when?
Name of Department Chair

faculty member's person In the event it is determ Student Conduct for a fi	ined that the student filed a false repor	t, the case will be forwarded to the Office of  Procedure.		
In the event the Hearing faculty member's person In the event it is determined.	ined that the student filed a false repor	t, the case will be forwarded to the Office of		
Name	, , ,	evant, copies of the findings shall be placed in the to the student, appropriate steps will be initiated.		
A.7	Phone	Email		
Will you be bringing an If yes, my advisor or sup	advisor or support person to the heari pport person's name is:	ing? Yes No		
<ul><li>nature of</li><li>Specify 6</li><li>Attach a</li><li>State the</li></ul>	f your grievance including specifics you evidence you have to support your grient copy of the class syllabus.	vance.  aken on this grievance. (If seeking a grade		
SECTION D (Formal G	Grievance Statement Information)			
	mal process (Section C) <u>must</u> be comp st's Grievance Judicial Officer.	leted before the <u>formal</u> process can be initiated by		
Meeting date for Dean of Graduate College (if applicable)				
Name of College Dean				
Name of College	If yes, when			
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