

*This form serves as documentation of the grievance/appeal process and the resulting decisions.*

### Academic Grievance and Decision Appeal

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID: \_\_\_\_\_

Explain your grievance or reason for this appeal. The request for an appeal must include specific justification, including errors, failure to consider all of the evidence presented, or any other action, including any new evidence not known at the time of the original meeting which may change the outcome. *Note: If any **new** information is provided, the case must return to the originating decision maker for review instead of the next higher level.* Attach additional pages as needed.

If this is an appeal of a grade earned in a College of Business course, please provide the following information:

Course : \_\_\_\_\_ Grade Awarded: \_\_\_\_\_ Grade Desired: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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Name of Faculty who initiated academic or disciplinary action : \_\_\_\_\_

Decision: \_\_\_\_\_

Reason for Decision (attach additional pages if needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student wishes to appeal this decision: Yes \_\_\_ No \_\_\_ (attach explanation of why the appeal should be elevated)  
Appeal must be submitted within 7 days after instructor decision.

Signature of Student: \_\_\_\_\_

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#### Unit Level – Associate Dean of Faculty

Decision: \_\_\_\_\_

Reason for Decision (attach additional pages if needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student wishes to appeal this decision: Yes \_\_\_ No \_\_\_ (attach explanation of why the appeal should be elevated)  
Appeal must be submitted within 7 days after instructor decision.

Signature of Student: \_\_\_\_\_  
\_\_\_\_\_

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**College Level – Academic Standing Committee (UPC or GPC)**

Name of Committee Chair: \_\_\_\_\_

Decision: \_\_\_\_\_

Reason for Decision (attach additional pages if needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

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Student wishes to appeal this decision: Yes \_\_\_ No \_\_\_ (initial or attach e-mail)  
Appeal must be submitted within 7 days after instructor decision.

Signature of Student: \_\_\_\_\_

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**Provost Level**

Name of Person Acting on Decision/Appeal: \_\_\_\_\_

Decision: \_\_\_\_\_

Reason for Decision (attach additional pages if needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_