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

**Academic Grievance and Decision Appeal**

**Student Name:** ________________________________  **Student ID:** ________________________________  **Date:** ______________

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:

______________________________

______________________________

______________________________

______________________________

Name of Committee Chair:

______________________________

Decision:

______________________________

Reason for Decision (attach additional pages if needed):

______________________________

Signature:______________________  Date:_____________

______________________________

______________________________

______________________________

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:

______________________________

______________________________

Provost Level

Name of Person Acting on Decision/Appeal:

______________________________

Decision:

______________________________

Reason for Decision (attach additional pages if needed):

______________________________

Signature:______________________  Date:_____________