

Springfield College Student Academic Grievance Form

Name _____ ID _____

E-mail address _____ Phone _____
(if checked regularly)

Box # _____

If commuter, mailing address _____
number and street city state zip

1. What action are you grieving?

2. When did that action occur?

3. If course-related, identify department and course number, course title, and instructor.

On separate paper, please respond to the following questions. Attach your response to this form, along with any documentation. For a complete version of the academic grievance policy, see the Undergraduate Catalog.

4. Explain the steps you have taken to resolve this concern. Identify whom you spoke with, the dates you spoke with those persons, and their response. The steps you should detail are as follows:
 - Step 1 - Within 30 days from the action you are grieving (extending into the following term or semester if interrupted by a break), you should have initiated discussion of your concern with the instructor or appropriate party. That party should have responded within 14 days.
 - Step 2 - If Step 1 involved an instructor, you had 14 days following your instructor's response to initiate discussion of your concern with the appropriate department chair (of the department in which the grievance occurred) or the campus director. That party should have responded within 14 days.

5. Please explain what resolution you are seeking and why you believe that resolution is justified. Attach documentation or additional material if desired.

Signature _____ Date _____

*You must submit this form and all attachments to the dean of the school in which the grievance occurred within 14 days of the chairperson's response. **Keep a photocopy of this form and all attachments for your own records.***

Dean's Recommendation:	
Notifications to:	
Signature _____	Date _____