

Student Final Grade Grievance – College of Social Sciences For details regarding the Final Grade Grievance Policy refer to the Academic Catalog on the Web. Please Print.

Student Name:		Date:
Contact Phone number:		
Description of Academic Issue and Reasons for reconsideration:		
Course Number: (Ex. RST 101) Instructor: (Ex. John Doe)		
Date met with Instructor:	Instructor Signature:	
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Date:	Administrative Assistant to Pr	rovost Signature:
	Received Grievance Policy:	· ·
Date:	Program Director Signature:	Result:
Date:	Associate Department	Result:
	Chairperson Signature:	
Date:	Chairperson's Signature:	Result
Date:	Dean's Signature:	Result:
Date:	Provost Signature:	Final Determination:

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