



Student Final Grade Grievance – College of Nursing

For details regarding the Final Grade Grievance Policy refer to the Academic Catalog on the Web. Please Print.

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