



STUDENT ACADEMIC GRIEVANCE FORM

PURPOSE: A grievance is an educational or personal issue or condition that a student believes to be unfair, inequitable or a hindrance to her or his education. This form is used to file a grievance against a person or department/program for failure to follow procedures. This form can also be used to file a grievance against a person pertaining to an academic issue, such as failure of a faculty member to communicate with the student.

INSTRUCTIONS: Prior to filing a grievance, you must discuss your concern(s) with the appropriate person. Should the matter not be resolved or if you disagree with the decision, then put your concern in writing to the department chair or program director and discuss the matter. Your concern(s) will be reviewed and a decision rendered. Should you disagree with this decision, complete this form and submit along the written decision to the appropriate office listed below.

YES I have met with my instructor and department chair/program director. I have attached their written decision.

NO I have not met with the instructor or department chair/program director. Attach explanation for filing a grievance without participating in an informal conference.

SUBMISSION AND DEADLINE: Submit your grievance to the appropriate office:
Assistant Dean and Director of Academic Advising
Derham Hall 203, St. Paul

Your grievance must be submitted no later than 30 days after the incident.

You will be notified by email of the decision within two weeks of submitting the grievance. If you do not provide a St. Kate's email address, you will not be notified. **The Assistant Dean and Director of Academic Advising has decision making authority for the academic grievance. Decisions at this level are final.**

Questions regarding this form or the grievance process can be directed to the Office of Academic Advising at academicadvising@stkate.edu.

SECTION A: Student Information (please print)					
Last Name	First Name	Middle Name	Telephone	Student ID	
St. Catherine University Email	Current Address		City	State	Zip code
Applicable Term/Year <input type="checkbox"/> Fall 20__ <input checked="" type="radio"/> J-term 20__ <input checked="" type="radio"/> Spring 20__ <input type="radio"/> Summer 20__			Program: ASSOC BACC GRAD		
SECTION B: Reason for Grievance. Describe your grievance in detail. Include date/s of occurrence (be as specific as possible). Attach additional sheets, if necessary, along with any documentation that will help describe and substantiate the grievance. Are there any witnesses who should be interviewed? If yes, list their names and contact information.					
SECTION C: Desired Outcome. Describe the outcome you hope to achieve					
SECTION D: Student Certification					
By signing this form I understand that information contained in this grievance will be held confidential to the extent possible. Grievance information may be shared with University officials in order to conduct a thorough investigation. I hereby declare that the information on this form is true, correct and complete to the best of my knowledge. I understand that misrepresentation of facts or documentation may be sufficient cause for automatic denial of this petition and may violate the Student Code of Conduct.					
Student Signature					Date

Office Use Only

APPROVED DENIED

REVIEWED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____