

STUDENT GRIEVANCE FORM



NAME _____ STUDENT # _____ DATE _____

ACADEMIC PROGRAM _____ ACADEMIC ADVISOR _____

TYPE OF REQUEST: PLEASE CHECK THE APPROPRIATE BOX

- | | |
|---|---|
| <input type="checkbox"/> ACADEMIC GRIEVANCE | <input type="checkbox"/> ADMINISTRATIVE GRIEVANCE |
| <input type="checkbox"/> SEXUAL HARASSMENT | <input type="checkbox"/> HONOR CODE VIOLATION |

DETAILS REGARDING GRIEVANCE (REQUIRED) _____

Student—Do Not Write Below This Line

SEMINARY REPRESENTATIVE(S) CONSULTED:

- | | |
|----------------------------------|------------|
| 1. DEPARTMENTAL CHAIRMAN _____ | DATE _____ |
| 2. DEAN OF MEN OR WOMEN _____ | DATE _____ |
| 3. ACADEMIC VICE PRESIDENT _____ | DATE _____ |

ACTION TAKEN:
