

STUDENT GRIEVANCE FORM

PURPOSE: An undergraduate or graduate student uses this form when seeking to resolve a claim that a specific academic decision or action has affected the student's academic record or status and has:

- (1) violated published policies and procedures,
- (2) been applied to the grievant in a manner different from that used for other students, or
- (3) resulted in the assignment of a grade in a course that is not consistent with the criteria for awarding grades as described in the course syllabus.

INSTRUCTIONS: Prior to filing a formal grievance with an academic department, you must discuss your concern(s) with the appropriate faculty member. Should the matter not be resolved or if you disagree with the decision, then use this form to express your concern to the relevant department chair. The Student Grievance Form must be submitted no later than 30 days after the completion of the course. The grievance will be reviewed, and a decision rendered by the department. Should you disagree with this decision, submit this form along with the written decision of the academic department to the Provost by email: provost@oneonta.edu.

You will be notified by email of the decision within three weeks of submitting the grievance. If you do not provide a SUNY Oneonta email address, you will not be notified by U.S. mail. Academic Affairs has the decision-making authority over the academic grievance. Decisions at this level are final.

SECTION A: Student Information (please print)

Last Name	First Name	Middle Name	Telephone	Student ID	
SUNY Oneonta Email		Current Address		City	State Zip Code
Applicable Term/Year <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__			Program: Baccalaureate ___ Graduate ___		
Course or program to which the grievance applies:					

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
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Office Use Only

APPROVED DENIED

REVIEWED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____