

G-GAP



THE GRADUATE SCHOOL

GRADUATE – GRIEVANCES, APPEALS AND PETITIONS FORM

ENTER (TYPE) INFORMATION IN FORM AND THEN PRINT DOCUMENT

(YOU MUST HAVE ADOBE ACROBAT STANDARD OR PROFESSIONAL TO SAVE DATA, ADOBE ACROBAT READER WILL ONLY ALLOW YOU TO PRINT)

Instructions: Please read the **Graduate School Grievance Policy** before completing this form and carefully consider whether your grievance, appeal or petition is covered by the policy. If the action being raised occurred in your department, school, institute, or lab, you must complete the process at that level **BEFORE** requesting consideration from the Graduate School with this form.

Name: _____

Student ID Number: _____ Date: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Academic Unit: _____

Outcome or Action you are requesting as a result of this grievance, appeal or petition?

Required Attachments:

* Documentation to support the grounds for the action you are requesting.

* Attach a copy of the department/program/unit written decision.

* Do you wish to make a formal appearance before the committee? ___ Yes ___ No

If yes, will you be assisted by anyone else? If so, what is the name and title of that person?

Name: _____ Title: _____

Student Signature: _____