

SUNY ORANGE
STUDENT ACADEMIC GRIEVANCE NOTICE

Read the Student Academic Grievance Procedure before completing this form. Failure to follow directions could result in the automatic dismissal of your grievance. Please write legibly. Use additional sheets if necessary. Attach any documentation that supports your grievance.

Student Name: _____ **A#:** _____ **Contact Phone # (_____)** _____

Student Address: _____

Course: _____

Instructor: _____

Chair: _____

Date of Incident/Occurrence: _____

Date that you met with Instructor: _____ **Date that you met with Chair:** _____

What is the nature of your grievance? (ie., what is your complaint about the course?) Be specific.

What do you want done? Be Specific.

I have met with my instructor and the Department Chair about this particular grievance but am dissatisfied with their action/decision for the following reason(s):

I certify that all information provided in this Grievance is true and accurate. Any false information will result in the denial of my Grievance and could prompt disciplinary action.

Student Signature

____/____/____
Date

The Associate Vice President will verify that the student has discussed this issue with the Instructor and the Department Chair.

Associate Vice President

____/____/____
Date
