COM GRADE GRIEVANCE FORM A (Arithmetical Error)

1. Background Information:

Name of Student_____ Student Number J00 _____
Course or Academic Evaluation: Module_____ Clerkship _____ Elective _____

Term: ☐ Fall ☐ Spring Year _____

Course and Grade Received or Academic Action Taken: _____

_____

_____

2. Nature of Complaint:

_____

_____

_____

_____

_____

If additional space is needed, please explain your reason(s) for filing this complaint on separate pages and attach. **Clarity and thoroughness in documentation are important.**

Number of pages attached:

Grievance Form Received by: _____ _____
(Signature) (Date)

A COPY OF THIS SIGNED AND DATED COM GRADE GRIEVANCE FORM HAS BEEN RETURNED TO ME:

Student Signature:_____ Date: _____

3. <u>Result of Grade Recalculation</u>:

Associate Dean of Student Affairs: _____ Date: _____

The student acknowledges receipt of signed and dated copy of this document showing the results of the grade recalculation.

Student Signature: _____ Date: _____

COM GRADE GRIEVANCE FORM B

1. Background Information:

Name of Student_____ Student Number J00 _____
Course or Academic Evaluation: Module_____ Clerkship _____ Elective _____

Term: ☐ Fall ☐ Spring Year _____

Course and Grade Received or Academic Action Taken: _____

_____

Desired Outcome: _____

2. Nature of Complaint:

Check the grounds for the grievance that applies to this case:

☐ Arbitrary or capricious evaluation on the part of the instructor.

☐ Substantial failure on the part of the instructor to follow course syllabus or other announced grading policies.

On a separate page or pages, explain your reason(s) for filing this complaint. In particular, describe how the grounds indicated above apply in this case. Attach any documentation that supports your complaint. **Clarity and thoroughness in documentation are important.**

Number of pages attached:

Grievance Form Received by: _____ _____
(Signature) (Date)

A COPY OF THIS SIGNED AND DATED COM GRADE GRIEVANCE FORM HAS BEEN RETURNED TO ME:

Student Signature:_____ Date: _____

3. Result of Counsel Meeting:

Date of Conference: _____

Outcome of Conference:

☐ The grievance was resolved.

Explanation: _____

_____

_____

_____

☐ The grievance was not resolved.

Associate Dean of Student Affairs: _____ Date: _____

4. Student Decision:

☐ The student accepts the original grade given.

☐ The student wishes to proceed with the Grade Grievance.

The student acknowledges receipt of signed and dated copy of this document showing the student's decision.

Student Signature: _____ Date: _____

5. SPEC Committee Decision:

Date of hearing: _____

☐ The original grade or evaluation is upheld.

☐ The original grade or evaluation is not upheld.

Explanation: _____

_____

_____

_____

Signature of committee chair: _____ Date: _____

Date written notification sent to student, instructor, department chair and dean: _____
(attach copy of written notification)