



Student Academic Complaint Form

Student Name: _____ Banner ID: _____

This form must be completed and submitted to the Associate Dean for Enrollment Management. You may attach additional information if necessary. Please see the Student Academic Complaint Policy and Procedures for more information.

1. Please provide a description of your complaint:

2. Please specify the remedy that you are requesting:

I attest that the information contained in this appeal is true and complete to the best of my knowledge.

Student: _____ Date: _____

For Internal Use:

Office of Enrollment Management

Office of Educational Development

Received by: _____

Received by: _____

Initial Committee Review Date: _____

Action: _____ *Resolved* _____ *Not Resolved*

Reason for action taken: _____

COC Review Date: _____

Action: _____ *Resolved* _____ *Not Resolved*

Reason for action taken: _____

Council of Deans Review Date: _____

Action: _____ *Resolved* _____ *Not Resolved*

Reason for action taken: _____

Complaint Closed by: _____

Date: _____