

Graduate Student Grievance Hearing Request

A student's request for a grievance hearing must be submitted within 20 days after receiving notification from the Dean of the School of Graduate Studies of the action that the student wishes to have overturned or modified.

Grievance of:

Student's Name (Last, First, Middle)	Student ID	Date of Request
Current Address	City, State, Zip	
Student's Email Address		
Disputed Academic Decision		
Date of the Decision		

Please provide the following information as completely as possible. (Attach additional sheets if necessary.)

Describe the disputed academic decision (within the jurisdiction of the Graduate Committee):

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Name of the person who made the decision:

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Date when the decision was made: _____

Describe all efforts made to resolve the dispute informally and formally.

Information directly relevant to the Panel's review of the grievance.

Relevant witnesses or individuals whom the grievant may call during the hearing:

Any other relevant pertinent evidence or documents, and the desired outcome the student is seeking as a result of a grievance hearing.

Signature of Student

Date

This form and attachment(s) should be submitted in person or by mail to:

Graduate Committee Chair
School of Graduate Studies
Rm 325 Montgomery Hall
290 Centennial Drive, Stop 8178
Grand Forks, ND 58202-8178

OR: Contact the Recording Secretary for the current Chair:

Linda Campbell
School of Graduate Studies
Rm 325 Montgomery Hall
290 Centennial Drive, Stop 8178
Grand Forks, ND 58202-8178