

————— **ACADEMIC GRIEVANCE APPEAL FORM** —————

Name of the Appellant: _____

Name of the School/Department: _____

Name of the College: _____

Name of the Program: _____

Name of the Appellant's Major Advisor: _____

Name and Title of the person(s) against whom the grievance was filed:

Appellant's Current Address: _____

Appellant's Phone Number: _____

Appellant's Email: _____

Attached Files:

- Attach copies from the departmental grievance in this order:
 - the original statement of grievance,
 - the response by the person against whom it was filed,
 - any supporting documents, and
 - a clear statement of what remedy is being sought by the appellant.
- Attach the official summary of the grievance proceedings held at the department or school level, and the decision(s) rendered at that time.
- Attach a statement of why the departmental or school level decision may have been in error.

Please submit this form and all attachments to: grad.deansoffice@siu.edu
