



GRADUATE ACADEMIC GRIEVANCE FORM GS-g-A — FILING OF GRIEVANCE

PART I — To be completed by the student

Full name: _____ XID#: _____

CU email address: _____

I wish to file a grievance against the professor(s) named below:

- 1. _____
2. _____
3. _____

The dates that I completed STEP 1 of the procedures for filing a grievance and the individuals with whom I met are indicated below:

Table with 2 columns: Date, Name. Includes labels: Faculty and/or staff member, Department chair, Dean of my college.

Signature: _____
College dean, associate dean, or department chair

Please attach a typed, detailed statement of your grievance. Include at the end of your statement the advice/assistance received as a result of your meetings referenced above.

Please indicate what specific resolution you seek: _____

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PART II — To be completed by the hearing panel

The findings and recommended resolution of the hearing panel are included in the attached email to the student.

Hearing panel chair:

Name (print)

Signature

Date

PART III — To be completed by each party of the grievance and returned to the Graduate School within fourteen (14) days

I accept the decision and resolution of the Academic Grievance Committee

I request to appeal the decision and resolution of the Academic Grievance Committee

Name (print)

Signature

Date

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THE GRADUATE SCHOOL
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Form GS-g-A
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