

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

Date:	Name:
_____	_____ <i>Faculty and/or staff member</i>
_____	_____ <i>Department chair</i>
_____	_____ <i>Dean of my college</i>

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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