

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

**STUDENT ACADEMIC GRIEVANCE FORM**

*(Please prepare two copies)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I. FOR LODGING A GRADE GRIEVANCE**

Department \_\_\_\_\_ Course No. \_\_\_\_\_ Course Title \_\_\_\_\_

Instructor \_\_\_\_\_ Term Course Was Taken \_\_\_\_\_

**II. FOR APPEAL OF OTHER ACADEMIC DECISION**

Nature of decision under appeal:

Date of decision: \_\_\_\_\_ Person Making the Decision: \_\_\_\_\_

Title or Position: \_\_\_\_\_

*Student's Statement*

1. *Following provisions of the Student Academic Grievance Procedures (FSD 69-41)*

*I believe I should have received the following grade or decision:*

*The basis for my appeal is (see Article 1, Section 1)*

1): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Date Signed* \_\_\_\_\_ *Student's Signature* \_\_\_\_\_

2. *(OPTIONAL) I hereby authorize student members of the Student Academic*

*Grievance Hearing Committee to have access to information and materials contained in my  
University records, following provisions of FSD 69-41.*

*Date Signed* \_\_\_\_\_ *Student's Signature* \_\_\_\_\_

**FOR OFFICE USE (Retention in College Dean's Office, three years)**

*Date this form was filed in the Office of the College Dean:*

*Date grade recorded in the Records Office:*

**COLLEGE-LEVEL APPEAL**

*Instructor's or other decision maker's Review*

*Date Submitted for Review:* \_\_\_\_\_

*Results of the Instructor or other Decision Maker's review:*

*Review Date* \_\_\_\_\_ *Instructor/Decision Maker's Signature* \_\_\_\_\_

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*College Dean's Review*

*Date Submitted for Review:* \_\_\_\_\_

*Results of the Dean's Review:*

*Review Date* \_\_\_\_\_

*College Dean's or Designee's Signature* \_\_\_\_\_

**UNIVERSITY LEVEL APPEAL**

*Date Grade Posted* \_\_\_\_\_

*Date Grievance Filed in Office of the College Dean* \_\_\_\_\_

*Date filed with Associate Dean of Undergraduate Studies:* \_\_\_\_\_

*By:* \_\_\_\_\_

*Committee selection date:* \_\_\_\_\_

*By:* \_\_\_\_\_

*Committee members and convener:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Hearing request* \_\_\_\_denied or \_\_\_\_approved (Cite reason if hearing is denied and inform College Dean):

*Date of Hearing:*

*Committee Hearing Results:*

Date Committee Chair and College Dean notified of final disposition of this appeal:

By \_\_\_\_\_ Date \_\_\_\_\_