

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

**STUDENT ACADEMIC GRIEVANCE FORM**

*(Please prepare two copies)*

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

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

**I. FOR FILING 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 grievance*

*is 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* \_\_\_\_\_

3. *Is an EO-1097 grievance (see page one of the Student Academic Grievance Procedures) being filed concurrently with this grade or academic grievance?*

**Yes**

**No**

**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:*