

Graduate Student Academic Appeals Form

Graduate student's filing an appeal about an academic concern should follow the procedures outlined below *prior* to filing an appeal:

1. The student should first attempt an informal resolution of concerns by interacting directly with the individual(s) involved (e.g., faculty member, program director, etc.). If resolution is not achieved through informal interaction, the student may direct the complaint, verbally or in writing, to the Program Director/Coordinator and/or the Department Chair ***Note:** Program Director's and Program Coordinators are interchangeable.
2. The Program Director/Coordinator or Department Chair will attempt to facilitate resolution between the parties.
3. If resolution is not achieved through the initial intervention of the Program Director/Coordinator and/or Department Chair, the matter can be directed as follows:
 - a. The student must present a formal written complaint using the Graduate Student Appeal form located on page 2, with any relevant documentation to the Dean of the College/School of the academic department (or designee) and any other documentation as required by the college/school.
 - b. The Dean of the College/School (*i.e., College of Arts & Sciences, College of Business, College of Health, or College of Information & Mathematical Sciences*) of the academic department (or designee) will provide a resolution to the issue in writing to the student.
4. If the student is not satisfied with the resolution of the issue, they have the right to appeal the decision to the Dean of the School of Graduate Studies as designee in the Office of the Provost and Vice President of Academic Affairs.

All appeals must be initiated within 30 days of the alleged issue or the last recorded day of the student's attendance, whichever comes first. Appeals and supporting documents can be sent electronically to: schoolofgradstudies@clayton.edu or it can be hand delivered to, The School of Graduate Studies/Provost Office, UC Building, 215-229.

Graduate Student Academic Appeals Form

Complainant Contact Information

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Telephone Number		Email Address
Laker ID Number		Month and Year Last Attended

Please sign here indicating you have followed all the required steps of resolving your concerns (see page 1). *Note:* this is required prior to submitting the Graduate Student Academic Appeals Form.

Signature _____ **Date** _____

Who have you already spoken to or contacted about this complaint?

Date of Issue Surrounding Complaint

Type of Appeal/ Please Select Below

- Reinstatement/Readmission following Academic Dismissal Appeals
- Grade Appeals
- Transfer of Graduate Credit Appeals
- Hardship Withdrawal Appeals
- Academic Dismissal Appeals
- Other (Please Explain)

Please explain the Decision from the Dean of the College/School (i.e., College of Arts & Sciences, College of Business, College of Health, or College of Information & Mathematical Sciences)

Explain the circumstances that led to your complaint. Be as specific as possible about your concerns and include dates and staff or faculty who may be involved. Please attach any additional information or relevant documentation when you submit this form.

Describe your efforts to resolve this complaint prior to submitting this form (Include names and dates of University personnel that you have contacted).

By signing and submitting a complaint form, you consent to allowing the disclosure of any protected or confidential information that may be needed to review, investigate and/or resolve your complaint. We will only review signed complaints. Clayton State University will use the information you provide as part of our efforts to resolve your complaint.

You also agree to provide requested information and/or respond to questions about the complaint; failure to provide requested information or respond to questions about the complaint may result in Clayton State University dismissing your complaint.

I attest that the information given in this complaint is true and accurate to the best of my knowledge. I agree that I will provide any additional requested information or respond to questions from Clayton State University personnel related to the review of my complaint. I understand that if I fail to provide requested information or respond to questions, Clayton State University may dismiss my complaint.

Student Signature: _____

Date: _____

Final