

Petition for Academic Grievance

College of Arts and Letters

Student Name	Date
Address	Local phone
Rocket ID	Permanent Phone
Course Name and Number	Term
Instructor	Grade Received
I have met with the student and am unable to resolve the student's grievance.	
Professor's signature _____ Date _____ (If not available, attach emails verifying discussion.)	
Department Chair's recommendation: Chair's signature: _____ Date: _____ (If not available, attach emails verifying discussion.)	
Reason for appeal: Documentation attached? Yes No Desired outcome:	
College recommendation: Associate Dean's signature:	

