

Cayuga Community College

ACADEMIC GRIEVANCE FORM

Please respond to each of the following items (typing or clearly printing in ink):

1. Name _____

2. _____
Street Address City State Zip Code

3. Telephone Number: (_____) _____

4. Social Security Number _____ 5. Date of Birth ____/____/____

6. What is the specific violation for which you are making this academic grievance? (Please refer to the definition of "academic grievance" on page 1 of the "Student Grievance Process.")

Instructor Name _____ Semester _____

Course Prefix and Title _____

Course Section Number _____

7. What is the date when the alleged incident or violation first occurred? ____/____/____

8. Did you attempt to resolve the issue with the individual against whom grievance is directed?

Yes () date of contact: ____/____/____

No ()

9. Did you attempt to resolve the issue by contacting the appropriate Division Chair?

Yes () date of contact: ____/____/____

No ()

10. Please provide a complete description of the alleged incident, including copies of all supporting and relevant documents. Attach any additional pages necessary.

11. What specific redress or solution do you seek in making this academic grievance?

I hereby acknowledge that by signing this form, I am providing representatives of Cayuga Community College authority to review and secure any and all of my student records in order appropriately to resolve this grievance.

Signature

____/____/____
Date

The original copy of this form must be submitted to the Dean of Faculty through the Office of Academic Programs.