USF Sarasota-Manatee
Student Academic Grievance Appeal Form
(Undergraduate and Graduate)

Student Name: ____________________________________________________________

Mailing Address: ____________________________________________________________

University I.D. Number: ________________________ Phone #: ______________________

Email Address: _____________________________________________________________

Semester ______ Year ______ Course Prefix ______ Number _______ Section ______

Course Title: ______________________________________________________________

Please attach a typed statement of grievance and remedy being sought, along with all appropriate supplementary materials explaining the basis of the appeal.

Record the dates of previous actions:
   A. Date student contacted the instructor: ________________________________
   B. Date student filed a written statement with the Dean: ____________________
   C. Date student discussed the issue with the Dean: _________________________

__________________________________________________________________________
Signature of Student: ______________________________ Date _________________

To be filled out by Dean

Resolution:

Date of resolution or advance to Regional Vice Chancellor for Academic and Student Affairs

__________________________________________________________________________
Name ____________________ Signature ____________________ Date _________________

To be filled out by Regional Vice Chancellor for Academic and Student Affairs

Resolution:

Date of Resolution:

__________________________________________________________________________
Name ____________________ Signature ____________________ Date _________________