

Allegany College of Maryland

**ACADEMIC GRIEVANCE NOTICE**

Read the Academic Grievance Policy before completing this form. Failure to follow directions could result in the automatic dismissal of your grievance. Please write legibly. Use additional sheets if necessary. Attach any documentation that supports your grievance.

**Student Name:** \_\_\_\_\_ **Contact Phone #** (\_\_\_\_) \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Director/Chair/Coordinator/:** \_\_\_\_\_

**Date of Incident/Occurrence:** \_\_\_\_\_

\*\*\*\*\*

**What is the nature of your grievance?** (ie., what is your complaint about the course/instructor?)

Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How would you like to see this matter resolved?** Be Specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have met with my instructor and the Program Director/Division Chair/Coordinator about this particular grievance but am dissatisfied with their action/decision for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that all information provided in this Grievance is true and accurate. Any false information will result in the denial of my Grievance and could prompt disciplinary action.*

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

*Once this form is submitted to the Associate Dean of Instructional Affairs, s/he will obtain the following signatures from the faculty member and the program director, division chair, or coordinator, to verify that they have discussed this issue with the student.*

\_\_\_\_\_  
Faculty Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Program Director/Division Chair/Coordinator Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\*\*\*\*\*

**ASSOCIATE DEAN OF INSTRUCTIONAL AFFAIRS USE ONLY**

\_\_\_/\_\_\_/\_\_\_ Date Received → [ ] Contact Student to schedule meeting  
\_\_\_/\_\_\_/\_\_\_ Meet w/ Student [ ] Faculty Member Present During Meeting with Student

**Decision:**  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Original to Student & Copies to Faculty, Director/Chair/Coordinator, Vice President of Instructional Affairs, and file  
→ Student may accept decision or appeal

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**VICE PRESIDENT OF INSTRUCTIONAL AFFAIRS USE ONLY**

\_\_\_/\_\_\_/\_\_\_ Date Received → [ ] Contact Student to schedule meeting  
\_\_\_/\_\_\_/\_\_\_ Meet w/ Student [ ] Faculty Member Present During Meeting with Student

**Decision:**  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Original to Student & Copies to Faculty, Director/Chair/Coordinator, Associate Dean of Instructional Affairs, President, and file  
→ Student may accept decision or appeal

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**PRESIDENT USE ONLY**

\_\_\_/\_\_\_/\_\_\_ Date Received → [ ] Contact Student to schedule meeting  
\_\_\_/\_\_\_/\_\_\_ Meet w/ Student [ ] Faculty Member Present During Meeting with Student

**FINAL Decision:**  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Original to Student & Copies to Faculty, Director/Chair/Coordinator, Associate Dean, Vice President, and file  
→ **President's decision is FINAL.**