

MISSISSIPPI VALLEY STATE UNIVERSITY

Office of Academic Affairs

ACADEMIC GRIEVANCE FORM

***** Student must seek to resolve the grievance according to University policies and procedures. *****

Name _____ Student ID# _____

Classification _____ Major _____

Advisor _____ Email Address _____

Phone # _____ Home Address _____

Course Number & Name _____ Semester _____

Nature of Issue/Concern:

Explanation of issue/concern:

Desired Resolution:

Time _____ Location _____

Student Signature _____ Date _____

Recommendation from Faculty

Faculty response & recommendation:

Time _____ Location _____

Faculty Signature _____ Date _____

Recommendation from Chair

Recommendation from Chair:

Time _____ Location _____

Chair Signature _____ Date _____

For use by Academic Affairs

Recommendation/Action:

Signature/Date:

Elizabeth D. Evans, Ph.D.
Associate VP for Academic Affairs