

# 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

Recommendation from Faculty:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

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

# Recommendation from Chair

Recommendation from Chair:

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Time \_\_\_\_\_ Location \_\_\_\_\_

Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

# For use by Academic Affairs

Recommendation/Action:

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Signature/Date:

\_\_\_\_\_  
Constance G. Bland, Ph.D.  
Vice President for Academic Affairs

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Elizabeth D. Evans, Ph.D.  
Associate Vice President for Academic Affairs