

**COLLEGE OF EDUCATION
Student Grievance Form**

Name:		PSID:	
Address:		Home Phone:	
City, State, Zip		Business Phone:	
		E-mail:	
Dept.:	Graduate <input type="checkbox"/>	Undergraduate <input type="checkbox"/>	Major:

Statement regarding when you discovered the issue being grieved:
(Please attach additional comments.)

Statement of the Problem Being Grieved and Evidence to Support the Grievance:
(Please attach additional comments.)

Remedy or Action Being Requested:
(Please attach additional comments.)

Complete If Applicable:
Reason(s) for disagreement with previous decision if a prior hearing was held:
(Please attach additional comments.)