Name: ____________________________  GWid: ________________

GW E-mail: ______________________@gwmail.gwu.edu  Alternate Email (optional): ________________

Department/Program: ____________________________  Degree: ____________________________

Grievance Type:

☐ Grade in course or portion of course
☐ Other required examinations
☐ Other: ____________________________________________

Details of Grievance:

________________________

Student Signature: ____________________________  Date: __________

________________________

Chair or Program Director: ____________________________  Date: __________

Has the student followed Step 1 of the Grievance procedure?  ☐ Yes  ☐ No

What was the result of Step 1?

________________________

Dean’s Comments:

________________________

Dean’s Signature: ____________________________  Date: __________