

ACADEMIC GRIEVANCE FORM

CCAS Undergraduate Studies Office
801 22nd St, NW
Phillips Hall 107
Washington, DC 20052
Phone: (202) 994-6210 Fax: (202) 994-6213



Arts &
Sciences

Name: _____ GWid:

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Last Name First Name M.I.

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: _____

You must include the following items with your submission:

- syllabus
- a statement describing the issue (maximum 2 pages)
- electronic communication between you and the professor
- examples of your work
- any other related materials.

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: _____