

**USF Sarasota-Manatee
Student Academic Grievance Appeal Form
(Undergraduate and Graduate)**

Student Name: _____

Mailing Address: _____

University I.D. Number: _____ Phone #: _____

Email Address: _____

Semester _____ Year _____ Course Prefix _____ Number _____ Section _____

Course Title: _____

Please attach a typed statement of grievance and remedy being sought, along with all appropriate supplementary materials explaining the basis of the appeal.

Record the dates of previous actions:

- A. Date student contacted the instructor: _____
- B. Date student filed a written statement with the Dean: _____
- C. Date student discussed the issue with the Dean: _____

Signature of Student: _____ Date

To be filled out by Dean

Resolution:

Date of resolution or advance to Regional Vice Chancellor for Academic and Student Affairs

Name Signature Date

To be filled out by Regional Vice Chancellor for Academic and Student Affairs

Resolution:

Date of Resolution:

Name Signature Date