



SCC STUDENT ACADEMIC GRIEVANCE FORM

Name Student ID# Date

Address City State Zip

Day Phone # Evening Phone #

PROGRAM OF STUDY:

DATE(S) GRIEVABLE ISSUES OCCURRED:

ACCORDING TO THE SCC COLLEGE CATALOG, AN ACADEMIC GRIEVANCE IS DEFINED AS:

“an appeal of a dismissal from an academic program not in accordance with college or program policy. An academic grievance must be based on at least one of the following: arbitrary and/or capricious action on the part of the faculty member including dismissal from a program on some basis other than performance in the course or program and compliance with policy; application of standards different from those that were applied to other students in the same course or program; or dismissal from a program not in accord with the program standards.”

Please describe the alleged violation of stated College policy or procedure:

Multiple horizontal lines for describing the violation.

1. Have there been attempts to resolve this grievance through the informal procedure? [] Yes [] No Please provide name(s) of College staff involved in the informal grievance resolution procedure:

Horizontal line for providing names of staff.

2. Describe the results of attempting to resolve the grievance informally:

Multiple horizontal lines for describing the results.

Please describe the resolution being requested:

Please complete the following statements:

Students filing a grievance are permitted to appear in person to discuss their grievance. Please indicate the following:

_____ I request to appear in person to review my complaint.
_____ I do not wish to appear before the grievance committee.

A witness and/or an advisor with specific personal knowledge of the situation is permitted to attend. This person will not be permitted to speak independently for the student or in his/her stead. Please indicate the following:

_____ I do not intend to invite a witness/advisor to the hearing.
_____ I request that the following witness attend the hearing: _____

STUDENTS WILL BE NOTIFIED ABOUT THE STATUS OF THEIR GRIEVANCE WITHIN FIVE (5) DAYS OF RECEIPT OF THIS FORM UNLESS AN ALTERNATE DATE HAS BEEN MUTUALLY AGREED UPON.

For additional information on the Grievance Hearing Process, please consult the SCC Student Handbook or current SCC College Catalog under the section Grievance/Hearing/Appeal Procedures for Students.

*****Please submit this completed form to the Dean of Students. Be sure to include any additional documentation to be reviewed by the Grievance Hearing Committee*****

Signature of Student

_____ Date _____
Grievance Received by Dean of Students