

Allegany College of Maryland

ACADEMIC GRIEVANCE NOTICE

Read the Academic Grievance Policy before completing this form. Failure to follow directions could result in the automatic dismissal of your grievance. Please write legibly. Use additional sheets if necessary. Attach any documentation that supports your grievance.

Student Name: _____ Contact Phone # (_____) _____

Student Address: _____

Course: _____

Instructor: _____

Director/Chair/Coordinator/: _____

Date of Incident/Occurrence: _____

What is the nature of your grievance? (i.e., what is your complaint about the course/instructor?)

Be specific.

How would you like to see this matter resolved? Be Specific.

I have met with my instructor and the Program Director/Division Chair/Coordinator about this particular grievance but am dissatisfied with their action/decision for the following reason(s):

I certify that all information provided in this Grievance is true and accurate. Any false information will result in the denial of my Grievance and could prompt disciplinary action.

Student Signature

____/____/____
Date

Once this form is submitted to the Dean of Enrollment and Educational Services, s/he will obtain the following signatures from the faculty member and the program director, division chair, or coordinator, to verify that they have discussed this issue with the student.

Faculty Signature

____/____/____
Date

Program Director/Division Chair/Coordinator Signature

____/____/____
Date

DEAN USE ONLY

___/___/___ Date Received → [] Contact Student to schedule meeting
___/___/___ Meet w/ Student [] Faculty Member Present During Meeting with Student

Decision:

[] Original to Student & Copies to Faculty, Director/Chair/Coordinator, Senior Vice President of Instructional and Student Affairs, and file
→ Student may accept decision or appeal

SENIOR VICE PRESIDENT OF INSTRUCTIONAL AFFAIRS USE ONLY

___/___/___ Date Received → [] Contact Student to schedule meeting
___/___/___ Meet w/ Student [] Faculty Member Present During Meeting with Student

Decision:

[] Original to Student & Copies to Faculty, Director/Chair/Coordinator, Dean of Educational Services, President, and file
→ Student may accept decision or appeal

PRESIDENT USE ONLY

___/___/___ Date Received → [] Contact Student to schedule meeting
___/___/___ Meet w/ Student [] Faculty Member Present During Meeting with Student

FINAL Decision:

[] Original to Student & Copies to Faculty, Director/Chair/Coordinator, Dean, Senior Vice President, and file
→ **President's decision is FINAL.**