

School of Nursing

Student Grievance Form

Form must be submitted to *faculty who assigned grade* with copy sent to *Faculty of Record and Associate Dean* within two (2) business days of receipt of grade

Student Name (Last)	(First)	
Address	G#	
Phone Number	OU Email Address	
Semester of Violation Co	urse Number and Name (NRS)	
Faculty for Course (Last)	(First)	
Faculty of Record for Course (Last)	(First)	
Student has Faculty Advocate (please circ	cle one) yes no	
I have read the policy and procedure for F student handbook (please circle one)	Resolution of an Issue with the Evaluation/Grading Process in the yes no	he
	Statement of Grievance	
Place an "X" next to the statement below	that represents your reason for grievance:	
the assignment of my grade was bas	sed on something other than my performance in the course.	
the assignment of my grade was bas described in the course syllabus.	sed on a substantial departure from the instructor's stated criter	ria as
I was not afforded due process		

Please include a description of each of the following: 1) specific was violated; 2) specific actions upon which the violation is base	ed; and 3) actions taken to resolve the
violation. The statement of grievance must be kept to one page	2.
What form of resolution are you requesting?	
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Student Signature	Date