ACADEMIC GRIEVANCE AND GRADE APPEAL COMPLAINT

Enclosed is a complaint form filed against a faculty member within your College in accordance with the procedures of the Academic Grievance and Grade Appeals Board. As soon as possible, please conduct a meeting with the student, faculty member, and department chair for the purpose of mediating the dispute, if possible. The meeting may be waived if the student does not wish to participate. Your response to the following questions will clarify your position on the issues. You may write on this form or attach a statement that responds to each question. You may also prepare your response on-line at http://www.csun.edu/studentaffairs/studentconduct/associate_dean_reply_form.pdf, then print, sign, and submit to the Office of the Vice President for Student Affairs, University Hall, Suite 310 (MC 8239). Your response will be shared with the student, faculty, department chair, and members of the Academic Grievance and Grade Appeals Board. Questions concerning this complaint or the Academic Grievance and Grade Appeals procedures should be directed to the Office of the Vice President for Student Affairs at (818) 677-2391.

Student Name: ____________________________  CSUN ID #: ____________________________

Faculty Name: ____________________________  Department: ____________________________

Course #: ____________________________  Class #: ____________________________  Semester Taken: ____________________________

Please give a description of your attempts to resolve the matter. Include the date on which you conducted a meeting with the student, faculty member and department chair. If the parties to the complaint have agreed to a resolution, attach a signed statement from the student indicating that the complaint has been resolved.

_________________________________________________________________________________________________
_________________________________________________________________________________________________

What is the student's position at this point?

_________________________________________________________________________________________________

What is the faculty member's position at this point?

_________________________________________________________________________________________________

What do you believe will be a fair resolution of this matter?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

I hereby certify that my response contains a complete, accurate and truthful statement of the facts in this matter.

College Dean/ Designee Signature: ____________________________  Date: ____________________________

Campus Phone#: ____________________________  Email: ____________________________