ACADEMIC GRIEVANCE AND GRADE APPEAL COMPLAINT

COLLEGE DEAN/DESIGNEE'S RESPONSE TO STUDENT COMPLAINT FORM

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/sites/default/files/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 N	Vame:		CSUN ID #	
Faculty N	ſame:		Department:	
Course #:		_ Class #:	Semester Taken:	
faculty me		r. If the parties to the complo		conducted a meeting with the studention, attach a signed statement from th
What is th	he student's position at this	point?		
What is th	he faculty member's positio	on at this point?		
What do y	you believe will be a fair re	esolution of this matter?		
Does the l	Faculty member agree with	n your proposed resolution?	Yes No	
I hereby certify that my response contains a complete, accurate and to			accurate and truthful statem	ent of the facts in this matter.
	College Dean/ Designee	Signature:		Date:
	Campus Phone#:		Email:	