

Florida A&M University
School of Graduate Studies and Research
Student Grievance Form

(Submit form to graduate coordinator's office or the academic dean's office of the faculty/staff you are filing the grievance.)

Name _____ Student ID: _____

Street or Box No. _____

City: _____ State: _____ Zip Code: _____

1. Have you met with the involved faculty or staff through personal conference prior to initiating this procedure?
Yes _____ No _____
2. Explain in detail the nature of the complaint or grievance. (Submit evidence as appropriate.)
Yes _____ No _____
3. Indicate the action you desire be taken in the resolution of this grievance.

Student Signature Date

Professor/Staff Signature Date

<p>FOR OFFICE USE ONLY (REV62011)</p> <p>Notification mailed to student by the School of Graduate Studies and Research on _____ by _____</p> <p>Copy Issued to: ___Chair ___Academic Dean ___Graduate Coordinator_____</p>
