University of South Carolina Upstate
Academic Grievance Form

Students wishing to initiate an academic grievance must read the “Academic Grievance Procedures” document available in the Office of the Registrar, Dean’s office or Office of Academic Affairs. This form must be used in conjunction with the grievance procedure to insure that the appropriate process is followed.

Name: ___________________________________________

Student Number: _______________________________

Date: ___________________

Please attach a detailed explanation of your grievance including all dates.

Grievance Process:

Faculty Member: _____________________
or Faculty Committee: ____________________

Decision of Faculty or Committee: _________________________________
(Comments may be attached)

Signature: _____________________ Date: __________________________

Chair of Department where grieved decision originated: _____________________

Decision of Chair: _________________________________
(Comments may be attached)

Signature: _____________________ Date: __________________________

Dean of the college or school: _____________________

Decision of Dean: _________________________________
(Comments may be attached)

Signature: _____________________ Date: __________________________
Academic Grievance Panel: __________________________

Decision of Panel: _________________________________
(Comments may be attached)

Signature: _____________________ Date: __________________________

Executive Vice Chancellor for Academic Affairs: ________________________

Decision of Executive Vice Chancellor: _________________________________
(Comments may be attached)

Signature: _____________________ Date: __________________________