

CSA Hearing Request

Form A (Formal Grievance)

**LOYOLA UNIVERSITY CHICAGO
SCHOOL OF SOCIAL WORK**

REQUEST FOR HEARING

To be submitted to Chair, the Committee on Student Affairs, School of Social Work

Date of Request: _____ Received: _____ Date of Hearing: _____ Date of Notice: _____

Name of Person Requesting Hearing _____

SSN or ID number (If applicable) _____

Mailing Address: _____

Telephone: _____ Cell phone _____ e-mail _____

Program: MSW _____ PhD _____ Status: Full Time _____ Part Time _____

Academic Advisor: _____ Date of Consultation: _____

Name of the Respondent (Instructor or Student): _____

Complaints: Please describe (1) the nature of issue or complaint and (2) the result of your efforts to resolve them up to this point (e.g. time and date of informal meetings). If you need additional space, you may use the back page.

Signature of the Complainant: _____ Date: _____

Office Use Only
Date Received _____ *Date of Hearing* _____ *Date of Notice Sent* _____

Form B (Appeal)

**LOYOAL UNIVERSITY CHICAGO
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