



ACADEMIC GRIEVANCE

This form should be submitted to the appropriate Department Chair or Associate Dean when a student wishes to dispute the final grade received in a course due to arbitrary and/or capricious evaluation in the course.

Student Name: _____

Today's Date: _____

LUC Student ID #: _____

Student Email: _____@luc.edu

<i>Class Number</i>	<i>Subject & Course Number</i>	<i>Section Number</i>	<i>Term Enrolled</i>	<i>Final Grade</i>	<i>Instructor</i>	<i>Instructor's Academic Department</i>

Appeal Statement

Prepare a statement that explains in detail why you consider the instructor's final grade to be arbitrary and/or capricious. This would mean that there is no relation between the grade given and your performance in the class and that a reasonable person would not find that the grade was deserved. Mere disagreement or dissatisfaction with your grade does not constitute a basis for grievance. Include/attach any relevant materials (such as graded assignments from the course) to your appeal and explain their significance in the section below.

Read Carefully Before Signing

1. I have read the [Academic Grievance Procedure](#), and I clearly understand the standards and regulations stated in this section of the Undergraduate Studies Catalog.
2. I believe that my appeal statement above is accurate, reasonable, and within the limits of these standards.
3. I confirm that I attempted to resolve this issue relating to my final grade with my instructor but was unable to reach a resolution.

Student Signature: _____

For Office Use Only

To be completed by Department Chair(s). If Department Chair(s) does not apply, completed by Dean's Designee of School.

Date Received: _____

Grounds for Appeal:

- Yes – refer to academic grievance hearing board**
- No – notify student of decision**

Rationale:

Department Chair/Dean's Designee Name: _____

Signature: _____ **Date:** _____