

School of Education Student Resolution Form



Student Information		
Full Name (please print)	Today's Date:	
Local Address:	City	State and Zip
Local Phone Number () -	Cell Phone Number () -	
Email	Permanent Address:	
City	State	Zip
Student Department/Major		
Department:	Program Major/Program:	
Student ID#		
Student /Faculty Resolution Information		
<p>STEP ONE: Students are encouraged to discuss their concern or academic challenges through conferences with the appropriate instructor and /or staff.</p> <p>1. Have you made an attempt to resolve this concern with the individual instructor/staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Who did you contact? _____</p> <p>2. Briefly describe your academic related concern or issue? Specify any pertinent dates, faculty/staff you dealt with, and major academic concern etc. Use additional paper, if necessary. Attach any documentation that will help describe the concern and substantiate your allegations. (i.e. medical documentation, incomplete grade form, syllabus highlights, substitution request, correspondence, etc.).</p> <p>3. As a result of your conference, please provide the findings or outcome:</p> <p>Were you satisfied with the outcome of this resolution process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered no, what outcome did you hope to achieve after the informal conference:</p> <p><i>By signing this form, I acknowledge my understanding that information contained in this resolution document will be confidential to the extent possible. Furthermore, information may be shared with University officials to conduct a thorough investigation. I certify that all information provided on this form is accurate.</i></p>		

Student Signature and Date: _____

Faculty/Staff Signature and Date: _____

Where this process does not result in a satisfactory resolution, the student may proceed to the **STEP TWO Resolution Procedures** by submitting this **completed form with required signatures (faculty/staff)** to the Department Chair for review.

Department Chair Document of Resolution

STEP TWO

4. Department Chair Approval of Request Yes No
Please provide a summary and/ or comments regarding the resolution outcome of your student conference.

Student Signature and Date: _____

Department Chair Signature and Date: _____

Is the above decision acceptable to the student? Check one box Yes No

___ I hereby appeal this decision to Step Three, Dean/Associate Dean Level.

ACTION TAKEN BY DEAN/ASSOCIATE DEAN'S OFFICE

STEP THREE

** Steps One and Two must be completed /signed prior to review by the Dean/Associate Dean's Office.*

5. Dean/Associate Dean
Please provide a summary and/ or comments regarding the resolution outcome of your student conference.

Check the appropriate resolution:

Dept. Counseling/Advising Faculty Conference Upheld Dept. Chair Decision

Referral Academic/Student Affairs Disabilities Office Student Counseling Center Student Success Center

Student Signature and Date: _____

Associate Dean/ Dean's Signature and Date: _____

Is the above decision acceptable to the student? Check one box Yes No

___ I hereby appeal this decision to Step Four, Office of the Provost.