

Graduate Appeal Procedure Form

Vice Chancellor for Research and
Dean of the Graduate School
26 UCB, Regent 330

Instructions: Please read the Graduate School Grievance Policy before completing this form. Be sure to observe the time limits specified in the procedure, and carefully consider whether your appeal is covered by the Policy. If the action being appealed occurred in your department, school, institute, or lab, you must complete an appeal process at that level before requesting consideration under this appeal procedure.

Name: _____

Student I.D. number: _____

Mailing address: _____

Email address: _____

Phone number: _____ Academic unit: _____

Please provide the names of the individuals whose actions give rise to your complaint:

Please state the grounds upon which your complaint is based (see the Grievance Policy; attach additional paper if necessary).

Please attach a copy of the department's/program's/unit's written decision.

Please provide any other information you deem relevant to this case.

What outcome or action are you requesting as a result of this grievance?

Do you wish to make a formal appearance before the Grievance Committee? Yes___ No___

If yes, will you be assisted by counsel or other advisor? If so, what is the name and title of that person?

Name: _____ Title: _____

Student signature: _____ Date: _____