

**Northeast Lakeview College  
Student Academic Grievance Form**

Name \_\_\_\_\_ Degree \_\_\_\_\_  
Banner ID \_\_\_\_\_ Day Phone \_\_\_\_\_  
Address \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
City/St./Zip \_\_\_\_\_ Email \_\_\_\_\_

**The student must file an appeal with the Professor within two weeks of the next regular semester following the grade.**

**Step One: Description of Grievance**

Semester of course \_\_\_\_\_ Name of Professor \_\_\_\_\_  
Course/Title \_\_\_\_\_

**Write grievance summary or attach prepared document:**

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Student/Professor Conference Date \_\_\_\_\_  
Student Signature \_\_\_\_\_  
Professor Signature \_\_\_\_\_

Resolved  
 Unresolved

**If the matter is resolved, then the process ends here. Otherwise, proceed to STEP TWO within 5 business days.  
Forward supporting documentation as necessary.**

**Step Two: Department Chair Conference and Decision**

Student/Department Chair Conference Date \_\_\_\_\_

The Department Chair will seek a response from the Professor.

Upon consideration of the circumstances presented, I hereby affirm\* \_\_\_\_\_, deny\* \_\_\_\_\_ the grievance in question.

*\*Written explanation must be forwarded to the Professor and the Student.*

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the matter is resolved, then the process ends here. Otherwise, proceed to STEP THREE within 5 business days. Forward supporting documentation as necessary.**

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**Step Three: Appeal to Dean**      ACTION BY DEAN  
Final Arbitration

The Office of the Dean for Academic Success has a separate grade grievance form to be obtained from the administrative assistant and completed before conferring with the Dean.

Student/Dean Conference Date \_\_\_\_\_

The Dean will secure a response from the Department Chair and the Professor.

Upon consideration of the circumstances presented, I hereby affirm\* \_\_\_\_ deny\* \_\_\_\_ the grievance in question.

*\*Written explanation must be forwarded to the Department Chair, Professor, and Student.*

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Copy of letter of decision to be attached.)*

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Associate Vice Chancellor of Employee Services  
Title IX Coordinator, (210) 485-0200.  
Human Resources Department,  
201 W. Sheridan, Bldg. AA  
San Antonio, Texas 78204.