Student Complaint Pro[illegible]
Formal Appeal

Students who are not satisfied with the outcome o[illegible]
Complaint Procedure [illegible] Department Chai[illegible]
Director [illegible] the [illegible] days after the [illegible]
decision. The [illegible]

Date ____________ Student Name [illegible]

UIN ________________________ Faculty Name [illegible]

S... 1b with the faculty member and Chair or Progra[illegible]

[illegible] additional documentation if needed

Detailed description of relief sought (attach additi[illegible]

Submit [illegible] documentation [illegible]
documents. No new [illegible] of [illegible]
faculty member [illegible] person [illegible]
decision make[illegible] complaint process.

The person considering the appeal [illegible] business days [illegible]
issued. A copy of [illegible] member,
Chair or Prog[illegible] is final.

If there [illegible]
found in the Graduate or Undergraduate Catalog

Student Signature ________________________________

Complaint Received by [illegible]

Name Dept Date