



Student Grievance/Appeal Form

A student will be allowed to appeal based only on: 1) the evidence presented did not support the decision; 2) there is new information that wasn't considered in the case; or 3) the sanctions were not justified by the nature of the offense(s). This is in alignment with Minnesota State Colleges and Universities policy.

NAME: _____ **STUDENT ID #** _____

Date: _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Program/Major (AD/PN)** _____

Please respond to the following. Attach additional sheets if necessary. Describe your concern.

What steps have you taken to resolve the concern?

What action are you seeking to resolve this concern?

Office Use Only

Concern Received By: _____ **Date:** _____

What steps were taken to resolve this concern? (Attach notes from other staff if applicable.)

How was the concern resolved? Include dates of actions taken.

RETURN THIS FORM TO THE NURSING DEPARTMENT PROGRAM TECHNICIAN FOR PROCESSING

Date of follow-up contact with student: _____