

ACADEMIC GRIEVANCE FORM

STUDENT INFORMATION			
Name:	NetID (i.e. username):	Email:	Phone:
Address:	City:	State:	Zip Code:

COURSE INFORMATION							
Course Title	Confirmation #	Enroll Date	Expire Date	Course Title	Confirmation #	Enroll Date	Expire Date
1.				3.			
2.				4.			

REQUEST	
Policy:	<input type="checkbox"/> Exam Retake <input type="checkbox"/> Resubmission <input type="checkbox"/> Withdraw/Voucher <input type="checkbox"/> Refund <input type="checkbox"/> Extension <input type="checkbox"/> Other _____
Reason:	<input type="checkbox"/> Medical/Clinical <input type="checkbox"/> Graduation <input type="checkbox"/> Personal/Family <input type="checkbox"/> Other _____

STUDENT STATEMENT
<p>Please write/type a detailed statement explaining:</p> <ol style="list-style-type: none"> 1. Your reason for requesting an exception to BYU Independent Study policy <i>and</i> 2. Your reason for petitioning Instructor Support and/or Petitions Committee's decision.

SUPPORTING DOCUMENTATION
<p>Attach all documentation from physicians, employers, counselors, etc. in support of your request. Your Academic Grievance will only be reviewed after all supporting documentation has been received by our Educational Services Manager.</p>

SIGNATURE AND SUBMISSION		
<p>I hereby permit the supporting individuals to provide BYU Independent Study with information pertaining to my request and understand that notification of the Educational Services Manager's decision will be sent via email.</p>		
<table border="1"> <tr> <td>Signature:</td> <td>Submit this form via email, fax, or mail. The addresses/numbers can be found in the top right corner of this form.</td> </tr> </table>	Signature:	Submit this form via email, fax, or mail. The addresses/numbers can be found in the top right corner of this form.
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