Learner Grievance/Appeal Form

A learner 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 MnSCU policy.

NAME: ________________________________________ STUDENT ID # ___________________

Date: ___________________________ College: BSU_____ NTC______

______________________________________________________________________________
Street Address    City       State     Zip
Phone: ________________________________Program/Major__________________________

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?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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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.

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RETURN THIS FORM TO THE SAP CHAIR

Date of follow-up contact with learner: ___________________________