** Report of Grievance Decision**

**Form70D**

**This form is to be submitted by the Associate Dean to report a grievance decision under Policy 70.**

**Student Information:**

**Last Name:**

**First Name:**

**ID Number:**

**Faculty:**

**Program:**

**Date of Resolution/Decision:**

**Basis of Grievance:**

**Academic**

|  |  |
| --- | --- |
|  | error in academic judgement. |
|  | unfair method of evaluation |
|  | bias |
|  | deviation from course outline without reasonable notice |
|  | application of regulation was unfair or unreasonable. |

**Non-academic**

|  |  |
| --- | --- |
|  | decision was unfair or unreasonable |

**Summary of Facts:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_