



First adopted by vote of the college on March 18, 2005.
 Revisions approved by Executive Council on March 13, 2012
 March 8, 2022 upon recommendation of the Student Affairs Committee.

Contents

SUMMARY.....	2.....
STUDENT ACADEMIC DISHONESTY.....	3.....
STUDENT GRADE APPEALS.....	3.....
EXCEPTIONS.....	4.....
STUDENT DISMISSAL APPEAL POLICY AND PROCEDURES.....	4.....
Grounds for a Dismissal Appeal.....	4.....
Dismissal Appeal Policy.....	4.....
Procedure for Filing a Dismissal Appeal.....	5.....
Student Affairs Committee Hearing Procedure Rules.....	6.....
Appeals to the Decision of the Student Affairs Committee.....	7.....
ACADEMIC GRIEVANCE FORM.....	8.....

but is not limited to technical and interpersonal skills, attitudes, professional character and conduct, and ethical behavior. Academic departments review academic progress throughout the student's education and determine whether: satisfactory progress is being made; remedial (13.7 (u) d-0.8 (w) .4-9it ((eh(13(13.

(

EXCEPTIONS

Students who appeal their dismissal may remain enrolled in their program and attend didactic classes until they have exhausted all appeals up through the level of the dean¹. Students in clinical training may continue only at the discretion of the faculty.

Student Affairs Committee Hearing Procedure Rules

Once an appeal process is initiated, all components of the appeal process, including both written and verbal components, are confidential and not to be discussed with any person who is not a member of the Committee. Minutes of the hearing proceedings are confidential, shall be kept for 3 years and made available to the parties concerned in the event a subsequent appeal is filed.

The Student Affairs Committee will conduct the appeal hearing within 15 weekday school days (when school is in session) after the need for a hearing has been determined. The hearing will be chaired by the associate dean.

In cases in which a Committee member is a party to the grievance, when the Chair of the Student Affairs Committee determines a Committee member will have a conflict of interest, or in cases in which a Committee member is to serve as a witness, that member shall not participate in the hearing of those grievances as a member of the Committee.

Both the student and faculty member appearing before the Committee will be permitted to have

-23w 3.4 1i2u p-006 T aenihB6 Tw1.] (7 (08ai >>BDC226 n) Tn(3 (i))10.9 (r (ip470rJ 5j -2.81)]TJ 0m [(B)h3 3 T

good causes shown. All parties are to be notified in writing of the decision.

Appeals to the Decision of the Student Affairs Committee

An appeal of the decision of the Student Affairs Committee may be made by the student, department, or faculty member to the College of Health Professions dean only on the grounds that the procedures provided for in this academic grievance policy were not followed.

This appeal must be filed in the dean's office within 10 weekday school days (when school is in session) after notification of the Committee's decision and must include the procedural grounds on which the appeal is based. The dean will make a decision concerning the appeal and inform the student in writing of that decision within 10 weekday school days (when school is in session).

The decision of the College of Health Professions dean is final.

ACADEMIC GRIEVANCE FORM

This Academic Grievance Form is to be completed by the student when he/she is appealing a dismissal from a department or program within the College of Health Professions.

Name: _____ Major: _____

Address: _____

Phone: _____ Email: _____

Please indicate which of the following grounds applies:

- a. The dismissal was not in accordance with published department or college policy;
- b. The dismissal was arbitrary or capricious;
- c. The dismissal was determined on a basis other than academic, class, clinical, or professional performance.

When filing an appeal with the Student Affairs Committee you must provide all of the information to the Committee in writing. You may use this form, or you may address all of the areas identified in a separate document which is to be signed and dated by you and attached to this form. Please indicate clearly:

- a. Dates, times, and places of events in question;
- b. Names of any witnesses;
- c. Facts of the grievance and action requested;
- d. Grounds for the appeal; and
- e. Outline of efforts and actions you have already taken to resolve the grievance.

Signature: _____ Date: _____

RETURN this completed form with all supporting documentation to the dean's office, College of Health Professions, Room 400 Ahlberg Hall, Wichita State University.