



**NON-GRADE COMPLAINT OR GRIEVANCE APPEAL
DEAN FORM
Attachment B**

***Must be filed within five (5) working days of the decision of the Department Chair
or Assistant Dean for Business and Finance.***

Student Name: _____ Graduation Year _____

Local Home Contact Information:

Street Address: _____

City/State/Zip: _____

Telephones: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Permanent Home Contact Information:

Street Address: _____

City/State/Zip: _____

Telephones: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

NOTICE: Information on filing complaints is provided in the Texas Tech University Health Sciences Center School of Nursing Student Handbook.

In the space below, please state in detail the reason for your appeal. Also include what resolution or relief you are seeking. You may use additional pages if necessary.

Student Signature

Date

Assistant Academic Dean Signature

Date Received