SA/9

Kuwait University College of Graduate Studies



Graduate Student Grievance Form

To Be Completed by the Student		
Student Name:	Degree	Non-Degree
Student No.:	Full-Time Status	Part-Time Status
Student Telephone:		
Program:	College:	
Grievance Statement *		
I hereby pledge to respect and accept the outcome reached by the concerned authority regarding my complaint as per CGS by laws. **		
Student Signature:	Date:	
Remarks:		
In case the grievance is about a grade, the complaint should be raised to the Graduate College		
Dean during one week from the date of posting the grade.		
* Additional documents may be attached in support of the grievance.		
** The completed form should be submitted to the Office of the Vice Dean for Student Affairs at CGS.		