

**MOLLOY UNIVERSITY  
THE BARBARA H. HAGAN SCHOOL OF NURSING AND HEALTH SCIENCES  
ACADEMIC REVIEW FORM**

**THIS FORM IS TO BE COMPLETED BY STUDENTS WHO WISH TO PURSUE  
MEDIATION OF AN ACADEMIC ISSUE.**

**Date:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_  
(please print)

**Course:** \_\_\_\_\_

It is understood that an informal discussion has taken place between the student and the faculty Member concerned.

Faculty Name: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

It is also understood that an informal discussion has taken place with the student, faculty and the Associate Dean & Director.

Associate Dean or Department Chair: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FORMAL MEDIATION FOR ACADEMIC REVIEW**

1. Specify problem or complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide evidence to support the complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. State desired outcome \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_

**Resolution**

\_\_\_\_\_

**No basis for grade appeal**

\_\_\_\_\_

**Grade appeal**

**Recommended Action:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date