

First adopted by vote of the college on March 18, 2005.

Revisionapprovedby Executive Councibn March 13, 2012

March 8, 2022 uponecommendation of the Student Affairs Committee.

Contents

SUMMARY	2
STUDEN T CADEMI O ISHONESTY	
STUDENGRADE APPEALS	3
EXCEPTIONS	.4
STUDENDISMISSAAPPEAPOLICXINDPROCEDURES	4
Groundsfor a DismissaAppeal	4
DismissaAppealPolicy	.4
Proceduresor Filinga DismissaAppeal	5
StudentAffairs CommittedHearingProcedureRules	6
Appeals to the Decision of the Student Affairs Committee	7
ACADEMI G RIEXINCEORM	8

but is not limited to technicaland interpersonal skills, attitudes, professional characterand conduct, and ethical behavior. Academic departments review academic progress throughout the student's education and determine whether: satisfactory progress is being made; remedia 3 (13..7 (u)d-0.8 (w) (.4-9it ((eh(13(13..7 (u)d-0.8 (u)d-0.8 (w) (.4-9it ((eh(13(13..7 (u)d-0.8 (u)d-0.8

(

EXCEPTIONS

Students who appeal their dismissal may remain enrolled in their program and attend didactic classes until they have exhausted appeals up through the level of the dean. Students in clinical training may continue only at the discretion of the faculty (deph Tw 1187 0 Td (Td [(()-5.4 5Tc 0.004 Tw 0.194826 0 Td ()Tj -0 cd)

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 æmæmb 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 participal he hearing of those grievances amember 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]

goodcauseshown. All parties areto 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.

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

The decision of the College of Health Profession sclean is final.

WICHITA STATE UNIVERSITY COLLEGEFHEALTHPROFESSIONS

ACADEMICGRIEVANCEFORM

This Academic Grievance Formis 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 <u>:</u>	Major:
Addres	SS:
Phone	:Email <u>:</u>
Please	ndicatewhichof the following groundsapplies:
a.	The dismissalwas not in accordance with published departmentor college policy;
b.	Thedismissawasarbitraryor capriciouspr
C.	The dismissalwas determined on a basis other than a cademic lass clinical, or professional performance.
	iling an appealwith the StudentAffairsCommitteeyou must provide all of the information to the ittee in writing. You may use this form, or yongay address all of the areas identified in a
	te document which is to be signed and dated by you and attached to this form. Please indicate
clearly:	
•	Dates,times, and placesof events in question;
	Namesof anywitnesses;
C.	Factsof the grievancændactionrequested;
d.	Groundsfor the appeal; and
e.	Outline of efforts and actions you have already taken to resolve the grievance.
Signati	ure <u>:</u>

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