CSA Hearing Request

Form A (Formal Grievance)

LOYOLA UNIVERSITY CHICAGO
SCHOOL OF SOCIAL WORK

REQUEST FOR HEARING

To be submitted to Chair, the Committee on Student Affairs, School of Social Work

Date of Request: ___________ Received: ___________ Date of Hearing: ___________ Date of Notice: ___________

Name of Person Requesting Hearing ________________________________________________________________

LUC ID number ________________________________________________________________

Mailing Address: ________________________________________________________________

Telephone: ___________________________ Cell phone __________________________ non-LUC email ________________

Program: MSW __________ PhD. __________ Status: Full-Time __________ Part-Time __________

Academic Advisor: ___________________________ Date of Consultation: __________

Name of the Respondent (Instructor or Student): ________________________________________________

The Complaint will submit the following information as part of the appeal:

— Copy of unofficial transcript
— Letter outlining (1) the nature of issue or complaint and (2) the result of your efforts to resolve them up to this point (e.g. time and date of informal meetings, etc.)
— If it is a grade appeal: copy of the syllabus and course material(s) that are in question
— If it is a field appeal: copy of field evaluation as appropriate

In addition to the aforementioned information, if an appeal is secondary (i.e. an appeal to the Dean, which comes after a CSA appeal) the following information is required:

— Copy of CSA outcome letter
— New CSA Appeal Hearing Request Form

My initials after this statement reflect that I have reviewed the appeals process as outlined in the MSW Student Handbook which is posted online at (http://www.luc.edu/socialwork/resources/new_forms.shtml): __________

__________________________________________
Signature of the Complainant: ____________________________ Date: __________

Office Use Only
Date Received ___________ Date of Hearing ___________ Date of Notice Sent ___________
LOYOAL UNIVERSITY CHICAGO
SCHOOL OF SOCIAL WORK

Date

Attn: (insert Chair of CSA’s name here: Dr. John Orwat is the Chair for the 2014-2015 year)
Chair; Committee of Student Affairs
820 N. Michigan Ave
Chicago IL 60611

Re: (insert the nature of the appeal: Grade Appeal or Dismissal Appeal) for (insert class and instructor’s name)

Dear Dr. Orwat

Insert Body of your Appeal Letter:
   — The first paragraph should provide a short description of the appeal to include the requested outcome
   — The remaining paragraphs should document the facts associated with this appeal
   — The complete letter should be no longer than two pages total.

Closing remarks: include your availability to meet (days of the week and best times) and contact number. The Chair of CSA will contact the student with the set date and time of the hearing.

Signature
Name
Include mailing address after your signature
Include your personal email address

Note: All formal appeals initially begin with the Committee of Student Affairs (CSA) per the policies outlined in the MSW Student Handbook (begins on page 35). Once a student has a hearing with CSA and then wishes to dispute the outcome of that hearing, the secondary hearing process begins with the Dean (# 9 on page 36 of the handbook)

Submission of documentation and scheduling of hearings with Dr. Orwat should be sent to:
Dr. John Orwat
Associate Professor
Loyola University Chicago School of Social Work
e-mail: jorwat@luc.edu
(Students can request assistance with scanning documents to Dr. Orwat from the SSW’s Student Services Department located in Room 850 Lewis Towers)
Date

Attn: Dr. Darrell Wheeler
Dean; School of Social Work

Re: (insert the nature of the appeal: Grade Appeal or Dismissal Appeal) for (insert class and instructor’s name)

Dear Dean Wheeler,

Body of your paper

Closing remarks: include your availability to meet (days of the week and best times) and contact number. The Chair of CSA will contact the student with the set date and time of the hearing.

Signature
Name
Include mailing address after your signature
Include your personal email address

Note: Submission of documentation and scheduling of hearings with Dean Wheeler should be sent to:
Executive Administrative Assistant to the Dean
School of Social Work
820 N. Michigan Ave
Chicago, IL 60611
Loyola University Chicago School of Social Work
P: 312.915.7016
(Refer to the SSW Faculty and Staff Directory for additional contact information)