



## ***Student Grievance and Appeal Procedure***

### **For Grade Appeal**

#### **Part I**

- Contact with your instructor through email, meeting, or telephone. If contact with instructor is unable to occur (example: instructor is sick or unable to respond to student) Then the student can progress to the next step of formulating their letter
- In order to construct a "Grade Appeal" the student has the first 3 days of the new semester to file an appeal with the Appeal Committee.
- Only D and F grades will be considered and course must be taken during last semester
- Formulating a typed letter to the committee with any all proper documentation (i.e. graded papers, attendance records, handouts, etc.....showing your case)  
Students need to provide graded work, attendance records, quizzes, and any other information they've collected through the course to assist in their case  
Submit together with *Grievance Form* and attach any supporting documentation you have to [appeal@atsinstitute.edu](mailto:appeal@atsinstitute.edu) or mail it to ATS address, attention Grade Appeal. Your appeal may be denied if supporting documentation is not provided.
- 2 petitions per student per semester (you can petition for multiple courses on each petition when the circumstances are the same.
- Students that are in the grade appeals process must attend classes as scheduled while the process is taking place. For example, if a student failed Math class, they are to attend that class and other classes whatever are on their schedule until further notice.

#### **Part II**

- If the request for review is not dismissed, the Appeal Committee will submit a copy of the student's written statement to the teacher with a request for a written reply within 3 working days. (If this step has not been taken prior. If it appears that the dispute may be resolved between the student and the teacher, the committee will attempt to arrange a mutually agreeable solution between these two parties.
- If a mutually agreeable solution is not achieved, the Committee will proceed to hold a meeting concerning the allegations.
- This process takes approximately 1 week. You will be notified in writing of the result of your appeal
- All grade appeal decisions are **final**.

### **For Other Appeals**

In order to initiate and pursue a grievance, the following steps must be observed, in their entirety, within two (2) business days following the reported incident or reason for the grievance.

- The student must first meet with the instructor(s) or person(s) directly involved, in an attempt to resolve the grievance through informal discussion. This person must sign the *Grievance Form* to confirm that the student has met with him/her.
- If there is no resolution, the student may next schedule an appointment and orally grieve the matter with the Nursing Programs Administrator. The student should be prepared to discuss: the basis for concern, facts to support the grievance, and suggested remedy that would satisfy the student. This person must sign the *Grievance Form* to confirm that the student has met with him/her.
- If there is no resolution, the student may submit two copies of a written grievance letter. The student should deliver one copy to the Nursing Programs Administrator and one copy to the Appeal Committee Chairperson, along with the *Grievance Form*. The letter should be typed, dated, and signed, and should minimally contain the following information: the course and instructor(s) or person(s) involved; a summary of the events that led to the grievance; facts that support the student's grievance; and the suggested remedy that would satisfy the student.
- During the appeals process, student can continue with class and clinical unless the reason for the appeal is due to a violation of code of conduct and/or unsafe practice at the clinical site.



25 East Washington STE 200  
Chicago IL 60602  
Phone: (312) 21-2000 Fax:  
[www.atsinstitute.edu](http://www.atsinstitute.edu)

The Appeals Board consists of a minimum of three faculty members and three student representatives. It will meet within one week of the filing of the appeal to consider the student's case. The student will be informed of the Board's decision immediately following the meeting. If a student has gone through all previous steps, he/she has the right to seek legal assistance or take his/her complaint to the, Accrediting Council for Independent Colleges and Schools.. In Illinois, complaints against this school may be registered with the Illinois State Board of Higher Education, the Accrediting Council for Independent Colleges and Schools, and/or Illinois Department of Financial and Professional Regulation Nursing Division. The contact information of these agency is as follows:

***Accrediting Council for Independent Colleges and Schools (ACICS)***

750 First Street NE, Suite 980  
Washington, DC 20002-4241  
(202) 336-6780  
Attn: Executive Director

***Private Business and Vocational Schools Division of the Illinois State Board of Higher Education***

1 N. Old State Capitol Plaza, Suite 333  
Springfield, IL 62701-1404  
(217) 782-2551

***Illinois Department of Financial and Professional Regulation***

Nursing Division  
Springfield Office:  
320 West Washington Street  
Springfield, IL 62786  
(217) 785-0800  
Attn: Executive Director

Chicago Office:  
James R. Thompson Center  
100 West Randolph Street, Suite 9-300  
Chicago, IL 60601  
(312) 814-4500  
Attn: Executive Director



25 East Washington STE 200  
Chicago IL 60602  
Phone: (312) 21-2000 Fax:  
[www.atsinstitute.edu](http://www.atsinstitute.edu)

## Student Grievance and Appeal Form

This form is to be filled out by a student if he/she is appealing a grade or filing a grievance. Please refer to the Student Handbook regarding the procedure for doing this.

Student Name: \_\_\_\_\_ Semester: **Spring Summer Fall** Year: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number Where We Can Contact You: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course(s) Related to Grievance: \_\_\_\_\_

Instructor(s) Related to Grievance: \_\_\_\_\_

What is the grievance related to? Please check one or more of the following:

Grade:

Disciplinary Action:

Failure of Course:

Termination from the Program:

Other:

If other please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

Please read and check one of the options below:

I do wish for my student records and grades to be reviewed by the Appeal Committee in support of my appeal.

I do not wish for my student records and grades to be reviewed by the Appeal Committee in support of my appeal.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Not needed for grade appeals)

Nursing Programs Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Not needed for grade appeals)