

**Graduate Assistant Grievance Form**  
Old Dominion University

Name of Student: (PRINT) \_\_\_\_\_ UIN: \_\_\_\_\_

Dept./Program: \_\_\_\_\_ College: \_\_\_\_\_

Name of Faculty/Administrative Supervisor: (PRINT) \_\_\_\_\_

Name of Graduate Program Director:\* (PRINT) \_\_\_\_\_

Assistantship Category (check only one):     GTAA     GTAI     RA     GAA

Completion of this form constitutes a formal grievance as outlined in the University Graduate Catalog under the Grievance Procedure. In the space below, please describe fully the situation and how it violates the terms of the Graduate Assistant Responsibilities Agreement. You may append additional sheets and pertinent documentation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Reviewed by:

\_\_\_\_\_  
\*Graduate Program Director's Signature

\_\_\_\_\_  
Date

\*In the event the GPD is the student's supervisor, the Chair/Dean/Dean's designee signature would be required.  
*Original to Graduate Program Director; copies to the student and the supervisor.*