

**WIDENER UNIVERSITY SCHOOL OF NURSING  
DUE PROCESS FORM**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Program: (check one)

BSN \_\_\_\_\_ RN – BSN \_\_\_\_\_ MSN \_\_\_\_\_ DNP \_\_\_\_\_ PhD \_\_\_\_\_

Course name and course number: \_\_\_\_\_

Many disputes may be resolved following a discussion of the issues by the parties involved. If such a meeting has occurred, and no resolution has been achieved, the student may attach a detailed statement addressing concerns. The student must obtain signature of the involved faculty member, and proceed to the Appeals process. One copy of this form must be distributed to each of the parties involved.

Statement of the problem/concern/complaint must address the following:

- Describe the resolution you are seeking.
- Clearly and concisely state what you are requesting.
- When did you first become aware of the problem?
- Identify any extenuating circumstances related to the problem.
- What steps have you already taken to address the problem/situation?
- Identify resources or supports that may help you improve or correct the situation.

I have met with the student and discussed the issues stated above.

\*Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicates only that student has prepared the documentation and consulted with the faculty.

\*Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_

Course Coordinator Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* Indicates only that student has consulted with advisor and does not indicate, express, or imply approval.