

## Student Academic Grievance Form

I request that my concerns as described below be assessed and/or addressed by the Academic Council of the University of Texas School of Public Health as provided by the UTHealth School of Public Health Academic Grievance Committee.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Describe the grievance in full detail (for example: grade concern, faculty & other procedural concerns). Please include clear identification of facts or incidents, including dates, names of classes, etc. Please provide documents for evidence if you have any.

Names of persons with authority to address my complaint:

(Note: information from this form or a copy of the form will be provided to these persons.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Steps that I have taken to date prior to intervention by the Academic Grievance Committee:

- ☐ Meeting with faculty member
- ☐ Meeting and discussion with faculty advisor
- ☐ Meeting with the department chair
- ☐ Meeting and discussions with other members of advisory committee
- ☐ Others

Plan Code \_\_\_\_\_

Revised 06/26/2018

Provide details of the steps taken:

Clear statement of the result(s) desired by the student:

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Submit document with **signatures** to:

Office of Academic Affairs and Student Services

Email: [SPHStudentRecords@uth.tmc.edu](mailto:SPHStudentRecords@uth.tmc.edu)

Or submit to RAS E 201

Plan Code \_\_\_\_\_

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