



STUDENT ACADEMIC CONCERN FORM

STUDENT NAME: _____ **DATE:** _____

CONTACT: (Phone) _____ **(email)** _____

Address: _____

PROGRAM: _____ **INSTRUCTOR:** _____

This form should be filled out completely and delivered to the employee's supervisor or department chair's office for the purpose of reviewing the issue and receiving advice on how and where to proceed. Incomplete forms will be returned.

PREVIOUS STEPS TAKEN TO RESOLVE THE ISSUE

The college expects the student to address concern by first meeting and/or discussing the concern with the course instructor and documenting the discussion with notes.

Date concern was addressed: _____

How it was addressed (check all that apply): Meeting Email Phone CANVAS Other

Attach any supporting documentation directly to this appeal form.

DESCRIPTION OF CONCERN

Attach any supporting documentation directly to this appeal form.

RESOLUTION SOUGHT (required)

What do you hope the outcome will be?

I understand Clover Park Technical College will use the information I have provided to assist with investigating and resolving my complaint. I consent to Clover Park Technical College's disclosure of any protected or confidential information that may be needed to review and investigate this complaint. I hereby declare that the information on this form is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with college disciplinary policies.

Student Signature _____

Person Receiving Form _____ **Date** _____