Academic Affairs Grievance/Concern Form

In an effort to help you to solve your concern or grievance quickly, please provide the following information.

Full Name: _____________________________________  Date: ______________

Student ID #:_______________________  Program: _____________________

STC Email (required):____________________________   Phone: ___________________

Please give details of complaint: (Please attach additional pages or documentation if necessary).

Please give details of the outcome you are seeking:

Have you previously raised this concern with a faculty/staff member?

_____ No  _____Yes

If No, in an effort to achieve resolution, please discuss matter with the involved faculty/staff member.

If a student receives a final course grade that he/she believes is incorrect, the matter should first be discussed with the instructor. Direct communication between the student and the instructor may clear up any misunderstanding.

“Academic Regulations” section in the STC Catalog and Handbook

If Yes, when: ________________  Who: ______________________

What was the result?:

______________________________________

Signature   Date

OFFICE USE:

Action Taken:

Referred:

Signature: ___________________________ Date: ______________