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.

Date: ________________________  Student Name and 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
Provide details of the steps taken:

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

Submit to:
Office of Academic Affairs and Student Services
Email: SPHStudentRecords@uth.tmc.edu or
In person:
RAS E 201
1200 Pressler St.
Houston, TX 77030