Academic Conflict Resolution Request 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 SPH Academic Conflict Resolution Process.

Date: ____________________
Student Name: _______________________________________________________

Best way to contact me by phone: Best way to contact me in writing:
(email address, phone number, mailing address)

____________________________________________________________________
____________________________________________________________________

Brief description of the conflict
(Including clear identification of facts or incidents including dates, names of classes, etc.)

Names of persons with authority to address my complaint:
(Important Notice: information from this form and/or a copy of the form may be provided to these persons.)

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________

Steps that I have taken to date prior to intervention by Academic Council:
Clear statement of the result(s) desired by the student:

(For Academic Council use only)

Initial Assessment by Academic Council:

Student Response: