

Student Request for Dean's Review

PLEASE PRINT

Student ID# _____ Phone # _____

Last Name _____ First Name _____

Street Address _____

Best time to reach you _____ AM PM MCC email _____

What is the nature of your concern? _____

Name(s) of parties involved: _____

Course name, number, and meeting time (if applicable): _____

_____ On-line? Yes/No

Please check that you have completed the following:

- I have become knowledgeable of the relevant MCC rules, procedures, and deadlines. These are outlined in the catalog, financial aid handbook, student rights and responsibilities, and Student Code of Conduct. <http://web.mcckc.edu/asp/infoex/prp/files/735010DP.pdf>
- I have attempted to resolve the problem at the lowest level. I spoke first with instructor or employee, and then with the Division Chair or Department Supervisor:

NAME(s) of person(s) you spoke to:

Date

Outcome

1. _____

2. _____

3. _____

- I have obtained and attached the necessary documentation to accompany this review. This could include course syllabi, medical documents, copies of policies or any correspondence regarding the issue, etc.
- I agree to check my school email regularly; that is where I will receive any email communications from the Dean's Office.

I have read and understand my responsibilities. I understand that if I have not spoken to the appropriate Division Chair or Department Supervisor, I will be referred to them before meeting with the Dean.

Student Signature: _____

Date: _____

In the space below, explain:

- The situation from your perspective, including a timeline of events
- The remedy you are seeking and why
- How your concern is impacting your success in school

You may attach additional paper if necessary

FOR OFFICE USE ONLY:

Received By: _____ Date: _____

Department: _____

Routed To: _____ Date: _____

Student Referred By: _____ Date: _____

Final Resolution: _____
