Department of English
MT 526, Rockville
Student Grievance Form

Student’s Name: ________________________________________________

Course/ CRN: (e.g. EN 101/ 43789) ______________________________________

Professor: ______________________________________________________

Student Contact (Email & Phone): ______________________________________

MC ID # ____________ Date: _________________________________________

Is this a grade concern? ____ Yes ____ No

Have you discussed your concern with your professor? ____ Yes ____ No

If no, your first step should be to talk with your instructor before setting an appointment with the Department Chair?

Briefly describe the nature of your concern so that we can best determine how to help you. (Attach additional paper, if necessary)

______________________________________________________________________________
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Student Signature: __________________________________________________ Date: ____________

Complete form and return it to Zainab.ali@montgomerycollege.edu, or return the form in person to the English Department, MT 526

Do not write below this line. For Office Use only

Recommendation (s)/ Resolution: ________________________________________________
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______________________________________________________________________________
______________________________________________________________________________

2/21/12