

Academic Resolution Request Form

Revised 5/12/20 CR# COM-597

Please review the [Academic Resolution Process Student Guide](#) to assist you in the submission of a complete and substantive submission. Please ensure that all parts of the Academic Resolution Request Form are completed. If you would like to share more about your concerns than the space provided will allow, please include a written statement that fully articulates your concerns to be attached along with the completion of this form.

Send this completed, electronic form as an attachment to AcademicResolution@uagc.edu, or send via fax to 877.884.3421

Student Information (please complete all fields to prevent delays in processing):

First Name: _____ Last Name: _____ Student ID (ABCDEF1234): _____

Email: _____ Academic Advisor: _____

Instructor Name: _____ Course Number (ex. ABC 205): _____

Course Start Date: _____

Please check all that apply (please do not complete this form if one of these statements does not apply):

- I am formally requesting a revised letter grade in the course.
- I would like to report an issue with course and/or my Instructor.

Student Statement

Please type a detailed description of your concerns and specifically identify any concern(s) that you may have with your course or Instructor. Please attach documentation to support your request. If you have not provided documentation, we may not be able to investigate.

Desired Outcome

Please share the outcome that you feel will best address your concern(s) and ensure that you are supported in the achievement of your academic goals.

Acknowledgments

- I have already contacted my instructor to try to resolve the problem and I am not satisfied with the result.
- I have read the Academic Resolution Process Student Guide.
- I have attached all relevant documentation to this submission.

Thank you very much for sharing this information with us. We will work hard to help in any way we can.