TRIDENT TECHNICAL COLLEGE

innovation | education

Academic Complaint by Student

(To be completed by student)

Student's Name _____ Student ID# _____ Phone # _____

Instructor's Name _____ Course/Section _____

Semester/Year _____

1. Describe the nature of your complaint about the instructor and/or course and explain why you believe corrective action should be taken (attach any relevant documentation to this form). You may mail or fax this document or you may submit the required information by email: _____

2. Explain what you think should be done to address your concerns: _____

Student Signature _____ Date _____