

**College of Health and Human Services  
Student Concern Form**

If you have a concern that you would like to discuss with the Dean's Office, please provide the information below and return the form to Professional Building, Room 110. Once the information has been reviewed, you will be contacted by a member of the Dean's Office. **If your concern is related to a grade re-evaluation based on performance, please review the procedure outlined at [www.missouristate.edu/registrar/catalog/graderev.html](http://www.missouristate.edu/registrar/catalog/graderev.html).**

Date:	
Name:	M#:
Current Address:	City:
State:	Zip Code:
Phone Number:	Alternate Phone Number:
Major:	Academic Advisor:

Describe the concern as specifically as possible, including dates and times relevant to the concern. For concerns related to a course, include the course, section number and instructor. Attach a copy of the course syllabus to this form.

Briefly describe the desired outcome:

*Please complete the reverse side/second page of this form.*

College of Health and Human Services  
Actions to Resolve Student Concern

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Meeting with Instructor: \_\_\_\_\_ Date / /

(Please Print or Type Name of Instructor)

Please summarize the outcome of your meeting with the course instructor:

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Meeting with Dept. Head/Director: \_\_\_\_\_ Date / /

(Please Print or Type Name)

Please summarize the outcome of your meeting with the Department Head/Director:

I give permission for the Dean's Office to discuss my performance with the course instructor and/or to contact others involved in the concern.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date / /

CHHS Dean's Office  
Recommendation by the Dean's Office:

\_\_\_\_\_  
Signature of Dean or Associate Dean

\_\_\_\_\_  
Date / /