



San Diego Community College District  
**Change of Course Level within a Discipline or Section**

☐ City ☐ Mesa ☐ Miramar ☐ Spring ☐ Summer ☐ Fall Year: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(PRINT) Last First MI

Student ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Explanation**

**Change of Course Level or Section within a Discipline** (automatic transfer of fees)

Subject/Course being <b>dropped</b> : _____ CRN: _____		
Subject/Course being <b>added</b> : _____ CRN: _____		<input type="checkbox"/> <b>Check if</b> Online Course
Initiating Faculty Signature _____	Initiating Faculty Name (Print) _____	Date: _____
Admitting Faculty Signature _____	Admitting Faculty Name (Print) _____	Date: _____
First day of attendance in course being added: _____		
<input type="checkbox"/> Approved _____		Date: _____
<input type="checkbox"/> Denied _____	Department Chair's Signature _____	

**\*ESOL-ONLY Change of ELAC Skill Level/Milestone**

Change <del>ESOL</del> <b>ELAC</b> Skill Level From: _____ To: _____	
Department Chair: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature: _____	Date: _____
<b><i>*Faculty to route directly to Admissions</i></b>	

**Instructions**

This form is designed to initiate a change of "course level" (either higher or lower) or section within a discipline by the faculty on behalf of a student for a specific class (CRN). **The form Upon completion, this form** should be routed via the department to the Admissions Office. **Timely processing of this form is important.**

**Change of Course Level or section within a Discipline**

- 1) **Initiating Faculty:** Complete the form; provide explanation, attach documentation and sign.
- 2) **Student:** Route form to the Admissions Office.
- 3) **Admissions Staff:** Enter approved course and fee exchange on student's record.

**ESOL-ELAC Skill Level/Milestone Change**

- 1) **Initiating Faculty:** Complete the form, sign and route directly to the Admissions Office.
- 2) **Admissions Staff:** Enter approved change on the **AC screen- Comments page** (i.e., "department approved skill level upgrade") and FAX form to the District Student Services Office at ext. 6970.
- 3) **District Office Staff:** Post appropriate change(s) on the student's record.

**OFFICE USE ONLY**

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_





San Diego Community College District  
**Consent to Release Confidential  
Student Information by Faculty**

**DRAFT**  
**SSC – 9/27/2018**

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to any individual, including family members, unless you provide written consent. You must complete a separate form for each individual to whom you grant access.

When completing this form, please use black or blue ink and **print** (or type) all information legibly.

**Section A – Student Information**

Name: (Last, First, Middle Initial) ~~–PRINT~~

Student ID Number:

Date of Birth:

Home Address: (street, apartment number, city, state, zip code)

~~Daytime~~ Telephone:

(     )

**Section B – Individual to whom Information may be Released**

Name: (Last, First, Middle Initial) ~~–PRINT~~

Relationship to Student:

Home/Business Address: (street, apartment number, city, state, zip code)

~~Daytime~~ Telephone:

(     )

**Section C – Student Certification**

I, \_\_\_\_\_, give consent to \_\_\_\_\_  
(Student's Name) (Instructor name, ~~subj/crse~~, course reference number)  
to release confidential information to the individual listed in *Section B* above, regarding course reference  
number, \_\_\_\_\_ for the course \_\_\_\_\_ taken in \_\_\_\_\_  
(CRN) (i.e. PSYC 125) (Semester/Year)

Specify information to be released: (Select all the apply)

☐ Attendance

☐ Academic performance

☐ Discipline matters

☐ Other: (specify) \_\_\_\_\_

**I acknowledge that this release to remain in effect:** *(check one)*

☐ from: \_\_\_\_\_ to: \_\_\_\_\_  
(Date) (Date)

☐ from: \_\_\_\_\_ and until I submit a notification in writing revoking my authorization.  
(Date)

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ~~Term:~~ \_\_\_\_\_

**Photo identification will be required for any person requesting access to a student's record.**

**OFFICIAL USE ONLY:** This area is to be used to make notes of items discussed/distributed.

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# San Diego Community College District Statement of Student Grievance

**DRAFT**  
**SSC – 9/27/2018**

Student Name: \_\_\_\_\_  
(PRINT) Last First MI

Student ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Were you a student at the time of the incident? ☐ Yes ☐ No

If yes, indicate college/campus of enrollment: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Have you tried to resolve this matter informally with all parties? ☐ Yes ☐ No

- Academic or Course Related parties include the faculty member, Department Chair, and Instructional Dean
- Non-Academic/Miscellaneous parties include the other person/party, immediate supervisor, and appropriate manager

**Specify basis of grievance** (attach additional pages if necessary)

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**Indicate which of the Student Rights have been violated** (Refer to Board of Trustee Policy 3100 for details)  
(Select all that apply)

- ☐ Right to impartial, objective evaluation of academic performance
- ☐ Right to exercise free expression
- ☐ Right to be free from acts or threats of intimidation, harassment, or physical aggression
- ☐ Right to be free from the imposition of disciplinary sanctions without due process
- ☐ Right to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion
- ☐ Right to participate in the formation of policy affecting them in accordance with established procedures of shared governance
- ☐ Right to petition to organize interest groups and/or join student associations
- ☐ Right to develop student publications
- ☐ Right to receive appropriate accommodations for verified disabilities

**Specify remedy requested**

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**Witnesses (if any)** (attach additional pages if necessary)

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
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E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

4) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Complaints involving Sexual Harassment and Discrimination – Meet with Site Compliance Officer
- Complaints involving violations of Student Rights and/or Student Code of Conduct – Meet with the Dean of Student Affairs
- Complaints involving violations of Academic Accommodations for Students with Disabilities – Meet with 504 Officer
- Complaints involving Grade Challenges – See School Dean

**CHECK YOUR COLLEGE CAMPUS DIRECTORY FOR CONTACT INFORMATION**

