

### San Diego Community College District

#### DRAFT SSC - 9/27/2018

### Change of Course Level within a Discipline or Section

☐ City ☐ Mes	a 🚨 Miramar	Spring	☐ Summer	☐ Fall	Year:	
Student Name:		First			MI	
Student ID Number:			one.			
E-mail:						
			Date.			
Faculty Explanation						
				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
Change of Course Leve	el or Section within a	<b>Discipline</b> (au	tomatic transfer	of fees)		
Subject/Course being <b>dr</b> o	opped:	CRN	l:			
Subject/Course being <b>ad</b>	ded:	CRN	I:	□ Chec	ck if Online Course	
				Date:		
Initiating Faculty Signature	Initiating Fac	ulty Name (Print)				
Admitting Faculty Signature	Admitting Fa	culty Name (Print)		Date: _		
First day of attendance in course being added:						
☐ Approved						
☐ Denied	Department Ch	air's Signature				
*ESOL ONLY Change of	f ELAC Skill Level/Mi	<u>lestone</u>				
Change <mark>ESOL ELAC Ski</mark> l	II Level From:	To: _				
Department Chair: ☐ Approved ☐ Denied						
Signature:				Date: _		
	*Faculty to rou	te directly to A	dmissions			
Instructions						
This form is designed to initi	iate a change of "course					

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.

OFFIC	E USE ONLY
OTTIO	L OOL ONL!
Date Processed:	Initials:





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

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 E	Birth:		
Home Address: (street, apartmer	nt number, city, state, zip code)		Daytime Telephone:		
			( )		
On the B. In dividual to value	Information was be Balanced		Δ Ζ		
	m Information may be Released	Polotion	ship to Student:		
Name: (Last, First, Middle Initial) -	<del>FRIIVI</del>	Relationship to Student:			
Home/Business Address: (stre	et, apartment number, city, state, zip code)		Daytime Telephone:		
			( )		
Section C - Student Certificat	tion				
Coulon C Claudin Continua					
l,	, give consent to				
	tion to the individual listed in Section	<i>B</i> above,	regarding course reference		
number,	for the course	taker	n in		
(CRN)	for the course (i.e. PSYC 125)	taker	<u>(Semester/Year)</u>		
Specify information to be relea	ised: (Select all the apply)				
☐ Attendance	☐ Academic performance		☐ Discipline matters		
·					
□ Other: (specify)					
I acknowledge that this release to remain in effect: (check one)					
racknowledge that this release	ase to remain in effect: (check one)				
☐ from:	to:				
(Date)	(Date)				
☐ from:	and until I submit a notification in wr	iting revol	king my authorization.		
(Date)					
Student's Signature:	Da	te:			
Photo identification will be required for any person requesting access to a student's record.					
OFFICIAL LISE ONL	Y: This area is to be used to make notes	of items di	iscussed/distributed		
OI HOIAL GOL ONE	1. This area is to be used to make notes	or itorno di	assassa, aisti isatsa.		

# COLLAND DECO. SONT SELECTION OF THE PERSON O

# San Diego Community College District Petition for Schedule Adjustment after Deadline

☐ City	■ Mesa	☐ Miramar	□ Spring	□ Summer	☐ Fall	Year:
Student Name	:					
(PRINT)	Last		r	irst		MI
Student ID Nu	mber:			Telephone:		
E-mail:				Da	te:	
<ul> <li>All petitions signature.</li> </ul>	must be ret	urned to the Admis	sions Office v	within three wor	king days	of final approval
		vill not be permitted ent of Student Serv		hdrawal deadlir	ne. Except	ions must be processed
Reinstateme	ents will not	be processed after	end of term.			
No schedule	adjustmen	will be processed	if any of the	stated requirem	ents or sig	natures is missing.
Schedule acclass.	ljustments a	fter the add/drop d	eadline are n	ot entitled to a ı	refund if th	ey withdrew from the
I have read and	d understand	d the important note	es above all o	of the information	on above.	1
Student Signat	ure.				Da	te:
o talalom o ignat						
☐ REINSTATE	MENT (Stude	ent must have been c	fficially enrolle	ed and attending i	prior to add	deadline)
Subject/Course: (Separate petition	Subject/Course: CRN: CRN: Check if Online course					
First Date of Atte	endance:			nstructor Name:		
Instructor Signa	Instructor Signature: Date:					
	ustment requ	ests after the withd	awal deadline	require the deci	sion of the	Vice President of Student
Services.		☐ Appro	wod	☐ Denied		
		<b>ч</b> Арріс	oved	<b>D</b> effied		
Vice President o	f Student Ser	vices:				Date:
Required for all Schedule Adjustment requests AFTER the Withdrawal deadline						
			Official Use	Only		
		Pate Processed:				
	<b>L</b>	ale Flocesseu:		IIIIIIIII5:		



# San Diego Community College District **Statement of Student Grievance**

DRAFT SSC - 9/27/2018

S	tudent Name:	First		MI		
	tudent ID Number:					
А	ddress: Street	City	State Zip			
E	-mail:	<u>I</u>	oday's Date:			
W	/ere you a student at the time of the incident? ☐ Yes	s 🖵 No				
<u>lf</u>	yes, indicate college/campus of enrollment:		-			
Lo	ocation of Incident:		Date of Incident:			
На	ave you tried to resolve this matter informally with all pa	arties? 🔲 Yes	□ No			
•	Academic or Course Related parties include the faculty member,					
٠	Non-Academic/Miscellaneous parties include the other person/pa	rty, immediate supervis	or, and appropriate manager			
S	pecify basis of grievance (attach additional pages if n	ecessary)				
		• ,				
		***************************************				
	dicate which of the Student Rights have been viola elect all that apply)	<b>ted</b> (Refer to B <u>oar</u>	<mark>d of Trustee </mark> P <u>olicy</u> 3100 for detail	s)		
	Right to impartial, objective evaluation of academic p	erformance				
	Right to exercise free expression					
	Right to be free from acts or threats of intimidation, h	arassment, or phys	sical aggression			
	Right to be free from the imposition of disciplinary sa	nctions without due	e process			
	Right to take reasoned exception to the data or views about matters of opinion	offered in any cou	urse of study and to reserve judgn	nent		
	Right to participate in the formation of policy affecting shared governance	them in accordan	ce with established procedures of	1		
	Right to petition to organize interest groups and/or joi	n student associat	ions			
	Right to develop student publications					
	Right to receive appropriate accommodations for veri	fied disabilities				
Sp	Specify remedy requested					
				-		

1)	Name:					
	Address: _	Street	City		State	Zip
2)	Name:					
	Address: _	Street	City		State	Zip
3)	Name:				<u></u>	
	Address:	011	<u>City</u>		Otete	
			City			<u>Zip</u>
4)	Name:					
	Address:		City		<u>State</u>	
			<u>City</u>			<u>Zip</u>
				* * * * * * * * * * * * * * * * * * *	9 1	
l ce	rtify that th	ne above information is	s true and correct to the l	best of my knowle	edge.	
Stud	dent Signati	ure:		Da	ate:	
	• Com	plaints involving Sexual Haras	ssment and Discrimination – Meet Student Rights and/or Student Co	with Site Compliance	Officer	

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

CHECK YOUR COLLEGE CAMPUS DIRECTORY FOR CONTACT INFORMATION

• Complaints involving violations of Academic Accommodations for Students with Disabilities - Meet with 504 Officer

Complaints involving Grade Challenges – See School Dean





# San Diego Community College District Student Grievance Hearing Request

DRAFT SSC - 9/27/2018

Campus of Enrolln	nent: U City U Mesa U	Miramar
Student Name:	<u>First</u>	<u>MI</u>
Address:Student ID Number:	Todav's Date:	
E-mail:	I elephone:	
Location of Incident:	Date of Incident	;
College/Campus of Enrollment		
List the steps you have taken with regar	d to resolving this grievance with	all parties involved:
Specify the outcome of the informal pro-	cess with the abovementioned pa	rties:
opening the outcome of the informal pro-	boss with the abovementioned par	100.
Specify the remedy you are requesting:		
Representation at hearing: (select one)  I do not request to be accompanied	by an advisor	
☐ I wish to be accompanied by an advi		
, ,		
Advisor Name:		
Address:Street		
Street	City	State Zip
Telephone: ()	E-mail:	
		and a disc
I certify that the above information is true	e and correct to the best of my kn	owiedge.
Student Signature:		Date: