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# **COPPIN STATE UNIVERSITY**

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COLLEGE OF HEALTH PROFESSIONS  
HELENE FULD SCHOOL OF NURSING  
SCHOOL OF ALLIED HEALTH  
2500 W. North Avenue  
Baltimore, MD 21216  
(410) 951-6100 ♦ FAX (410) 400-5978

## **STUDENT ACADEMIC CONCERN FORM**

Occasionally, a student will encounter an academic or academic-related problem that he or she does not know how to resolve or how to identify the most appropriate person to assist in addressing the concern. When this happens, students should first try to work through the concern by discussing it with those most involved with the issue. Dealing with concerns in the most direct manner should always be the first step toward trying to reach a resolution. It is amazing how many issues are settled or problems resolved, when a student makes an appointment with a faculty or staff member and clearly communicates their concerns. The concern must be initiated within five (5) business days of the issue.

If, however, an issue or problem still exists, there is a formal concern process that students may initiate through the attached form. All formal concerns must be in writing using the Student Concern Form. These forms are available in hardcopy in the STAR Office, Learning Resource Center (LRC), student waiting areas and/or on your course Blackboard site.

When initiating a formal concern, follow the steps below:

1. Be sure you have first attempted to resolve the issue by speaking directly with the individual(s) or office(s) involved or their direct supervisors as follows:
  - a. Helene Fuld School of Nursing Student – Team Leader
  - b. HIM - Chairperson
2. Complete and submit a CSU College of Health Professions Student Concern Form (SCF) to the individual identified in item 1a or 1b;
3. After your concern has been addressed, you will receive written documentation regarding the outcome and/or steps for resolution. It may be necessary that you meet with an administrator to further clarify issues regarding the concern. The chain of command is listed below:
  - a. Faculty
  - b. Team Leader
  - c. Coordinator
  - d. Chairperson
  - e. Associate Dean
  - f. Dean

To request further review, the student must contact the next person within the Chain of Command after receiving a written response from the previous person.

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Time period of event/concern:  Fall  Spring  Winter  Summer

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CSU Student ID No.: \_\_\_\_\_

Classification (Check one):  Freshman  Sophomore  Junior  Senior  Graduate Student

Course Name and Course Number (if applicable): \_\_\_\_\_

Name of Involved Faculty/Staff/Office (if applicable): \_\_\_\_\_

Identify the category of your concern (check all that applies):

Customer Service  Professionalism  Course Assignment  Clinical/Practicum  Other

Describe the issue or concern (be specific regarding who, what, when, and where):

\_\_\_\_\_

Have you discussed your concern with the immediate person involved? (If yes, please describe to whom you spoke and the outcome): \_\_\_\_\_

\_\_\_\_\_

**Student Contact Information:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

CSU Email Address: \_\_\_\_\_

When addressing my concern (check one):

You may use my name  You may not use my name  You may use my name only after the end of the term

What resolution(s) are you expecting regarding your concern?:

\_\_\_\_\_

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

**Note: Coppin State University will not allow any form of retaliation against individuals who file a concern to administration or who cooperate in the investigation of such reports. To the extent possible, the confidentiality of the reports will be maintained.**

Attach Additional Sheets if Necessary