

**MT. SAN JACINTO COLLEGE  
ACADEMIC ASSISTANCE REQUEST FORM**

**Student Information**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

MSJC E-mail Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Course Information**

Course Name and Number: \_\_\_\_\_

Section #: \_\_\_\_\_

Instructor: \_\_\_\_\_

Have you contacted the instructor directly regarding your concern?

Have you contacted the Department Chair directly regarding your concern?

If No, why not? If Yes, describe the outcome of that contact.

**Assistance Request Information**

Describe your concern in detail. Specify all pertinent dates, people involved, and the substance of your concern. Attach any documentation that helps describe and/or substantiate your concern (e.g. course syllabus, college policies, etc.).

Desired outcome to resolve your concern:

Witnesses who can substantiate your concern: *(if applicable)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The undersigned affirms that the information provided is true and correct to the best of his or her knowledge. He or she also acknowledges that the information provided will be used in efforts to resolve the concern and will be shared with persons contacted as part of that process.

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**Signature**

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**Date**

**Please allow at least one week for processing. For status of your submission, feel free to contact the Office of Instruction at [Instruction@msjc.edu](mailto:Instruction@msjc.edu).**

**OUTCOME SUMMARY**

Outcome summary to be completed with the final resolution by the department chair or dean and submitted to the Office of Instruction for communication to the student, if needed.