

Student Consultation Request Form

NOTE: This form is only to be completed after student has made attempts to resolve the issue informally per Administrative Procedure ~~3500B~~ 3500C. Students have 120 calendar days from the date of the incident or situation to initiate the consultation process.

Date: _____

Student Name: _____ ID: _____

E-mail: _____ Phone: (____) _____

Please check one:

AP ~~3500B~~ Student Grievance Process for Instruction and Grade Related Matters

If this is regarding an instructor, please provide:

Course name: _____

Section #: _____ Instructors name: _____

AP 3500C Student Grievance Process for Matters Other than Instruction, Grades or Discipline For a Consultation regarding a department or an individual (other than an instructor), please provide the name of the individual and/or department:

Provide a description of what you have already done in attempting to resolve the issue informally. Please provide as much information about the situation as possible. Also include the action/remedy you are seeking (use a separate sheet if necessary):

I certify that I have read the appropriate administrative procedure and the information provided is accurate.

(signature)

(date)

Student Consultation Administrator Response

Request received on: _____

Discussion with student on: _____

The issue has been resolved: _____ YES _____ NO. yes, describe how the issue was resolved.

If no, please describe next step.

Other comments:

Print name of administrator: _____

Signature of administrator: _____

Date: _____