

# 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 5522 or 5524. 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:

- AP5522: Student Grievance Process for Instruction and Grade Related Matters**

If this is regarding an instructor, please provide:

Course name: \_\_\_\_\_

Section #: \_\_\_\_\_ Instructors name: \_\_\_\_\_

- AP5524: 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 describe 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):

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*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. If yes, describe how the issue was resolved.

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If no, please describe next step.

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Other comments:

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Print name of administrator: \_\_\_\_\_

Signature of administrator: \_\_\_\_\_

Date: \_\_\_\_\_