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.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

If no, please describe next step.
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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Other comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Print name of administrator: _________________________________________________________________

Signature of administrator: _________________________________________________________________

Date: ______________________