

STUDENT CONCERN FORM

SCHOOL OF ART AND DESIGN

DATE _____

ID# _____

MAJOR _____

LAST NAME _____ FIRST NAME _____

PHONE _____ EMAIL _____

Please check one: Fulltime Part-time Continuing Education

Your visit to the Dean's office today is related to: (Check One)

Registration Deregistration A current course

Did you speak with your department's Chair person?

Who have you already spoken to about your concerns?

Name _____ Date _____ Department _____

Name _____ Date _____ Department _____

Name _____ Date _____ Department _____

Please have each college employee you have consulted on this matter fill in an update of their advice to you on the back of this form.

Please briefly describe your situation: