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 or 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:

☐ ***AP3500B: Student Grievance Process for Instruction and Grade Related Matters***

If this is regarding an instructor, please provide:

Course name: _____

Section #: _____ Instructors name: _____

☐ ***AP3500C: 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):

_____

_____

_____

_____

_____

_____

_____

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.

_____

_____

_____

_____

Other comments:

_____

_____

_____

_____

Print name of administrator: _____

Signature of administrator: _____

Date: _____