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: ______________________