STUDENT ACADEMIC SUCCESS CENTER
STUDENT CONCERN FORM

Name: _____ Date: _____

Student Number: _____ Day Phone: _____ E-mail:_____

Local Street Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Advisor: _____

(Please attach syllabus, course description, and any additional documentation.)

Describe concern: _____

==========(Office Use only)==========

Response: _____

_____ _____
Authorized Signature Date

*Please return form and all necessary documentation to: Student Academic Success Center, 1 Campus Dr., 200 STU, Allendale, MI 49401-9403. Fax (616) 331-3103*** If this is in regards to Themes please submit to General Education, 181 LOH, Allendale, MI 49401**.

8/2010