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GRAND VALLEY STATE UNIVERSITY
ADVISING RESOURCES AND SPECIAL PROGRAMS
STUDENT CONCERN FORM

Name: _____ Date: _____

Student Number: _____ Day Phone: _____ Email: _____

Local Street Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Advisor:_____

Describe concern: _____

(Attach any additional documentation.)

==========(Office Use Only)==========

Response: _____

_____ _____

Authorized Signature Date

Return form and any additional documentation to Advising Resources and Special Programs, 1 Campus Dr., 200 STU, Allendale, MI 49401-9403. If you have any questions, call (616) 331-3588.

Rev. 8/2004