

Grand Valley State University
Academic Resources and Special Programs Division
Student Concern Form

180
 681

Name: _____ Date: _____

Student Number: _____ Day Phone: _____

E-mail Address: _____

Local Street Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Advisor: _____

Describe concern: _____

(Attach any additional documentation.)

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

Response: _____

Authorized Signature

Date

Return completed form and any supporting documentation to:

Academic Resources and Special Programs, 1 Campus Dr., 200 STU, Allendale, MI 49401-9403

Phone: (616) 331-3588

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