



Student Academic Success Center Student Concern Form

- ☐ Logged in database
☐ Decision entered in database

Name:		Date:
Student G#:	Day Phone:	
Local Street Address:		
City:	State:	Zip:
Email:	Advisor:	
Major(s):	Minor(s):	

Transfer or GVSU Course (subject, number, and title) (Ex: EN 237 - Fiction)	College/University and Term Course Taken (Ex: Grand Rapids Community College, Fall 2012)	Link to Course Description* (required for evaluation or may attach syllabus for review)	Identify General Education Program Category you wish to fulfill (www.gvsu.edu/gened) (If you are requesting a specific GVSU equivalent course, this may require departmental evaluation)
Subject & Number: Title:			
Subject & Number: Title:			
Subject & Number: Title:			

Provide brief description of reason for request(s):

*A syllabus is required for evaluating statistics coursework—attach document.

Email this completed form as a **MS Word document** and any attachments to sasconcerns@gvsu.edu for review. If you have any questions, contact the Student Academic Success Center at (616) 331-3588.

Official Response:			
For this student only	Auditor notified	Authorizer's Name:	
For all students (cc: Joan)	Student notified	Date:	