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| g2-print |  **Student Academic Success Center** **Student Concern Form** | **🗆 Logged in database****🗆 Decision entered in database** |

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

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| **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: |  |  |  |

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| **Provide brief description of reason for request(s):**  |

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| \*A syllabus is required for evaluating statistics coursework—attach document. |
|  Email this completed form as a **MS Word document** and any attachments to sascconcerns@gvsu.edu for review. If you have any questions, contact the Student Academic Success Center at (616) 331-3588.  |

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

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| Rev.8/2013 |