

# STUDENT ADVISING COMPLAINT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Concentration \_\_\_\_\_ Classification \_\_\_\_\_  
Advisor \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_  
AA AS BA BS M.Ed. M.S. Other \_\_\_\_\_  
Type of Degree Earning

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Student ID Number \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR PROBLEM/CONCERN:**

Select the appropriate description(s) and briefly explain

Academic    Advising    Finance    Graduation    Other:

**Please continue on next page**

Have you consulted with the following individuals about this problem/concern?

	Yes	No	
{ Your Academic Advisor	Yes		Date Advisor Consulted _____
{ Your Department Chair		No	Date Chair Consulted _____
{ School Dean	Yes	No	Date Dean Consulted _____

How can the Office of Academic Affairs be of help to you?

**OFFICE USE ONLY: Conclusion/Recommendation from the Office of Academic Affairs**

Please return the completed form to [academicaffairs@uapb.edu](mailto:academicaffairs@uapb.edu)