



REQUEST FOR ASSISTANCE

Date: _____

Name _____
Last First MI

Address City State Zip Code

Home Phone No. (____)____ - _____ Bus. Phone No. (____)____ - _____

Student ID _____

Briefly describe your problem:

If your problem involves a class or instructor, please provide:

Course Name _____ **Section No.** _____

Instructors Name _____

With whom have you tried to discuss your problem? _____

What Office? _____ **What was the results?**

Who referred you to this office? _____ **How can the Compliance Office assist you in solving your problem?** _____
