REQUEST FOR APPOINTMENT WITH DIRECTOR

Dear Student,

If your visit to my office involves a Nursing Department instructor or any classroom procedural related disagreement, please take a few minutes to provide the following information. Your time in completing this form will be very helpful in addressing your specific concerns.

Student Name:_____ Date of Incident:_____

Home Phone: _____ Time of Incident:_____

Work Phone: _____ Place of Incident:_____

E-Mail _____ Instructor Name:_____

Have you discussed this situation with the instructor? YES _____ NO_____

What was the outcome of that discussion?_____

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Explanation of the complaint (use back of page or attachments as needed):_____

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Adopted July 2003. Revised July 2009.