

Student Non-Academic Complaint Form

Student Name:	Banner ID:
This form must be completed and submitted to the Associate De information if necessary. Please see the Student Non-Academic	- ·
1. Please provide a description of your complaint:	
2. Please specify the remedy that you are requesting:	
I attest that the information contained in this appeal is true and c	omplete to the best of my knowledge.
Student:	Date:
For Internal Use:	
Office of Enrollment Management	
Received by:	Date:
Disposition: Resolved/Action Taken:	
Forwarded for Review to:	
Next Level of Review to:	
Final Outcome of Review:	