

# Student Requests and Concerns

## Student Form

### Student Information

STUDENT HANDBOOK: APPENDIX A-4  
STAFF HANDBOOK: APPENDIX A-2

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

UNI Email Address: \_\_\_\_\_

### Instructions

Please describe your request or concern as thoroughly as possible in English. However, if you are in Levels B, 2, or 3, you may use your primary or first language. Once received, the form will be given to the appropriate staff member. That staff member will review the form and any attached documents and decide if a meeting is needed to address the request or concern. Please know you may always request to meet with the CIEP Director, Academic Support Coordinator, Promotions and Admissions Specialist, or Student Services Coordinator, and a meeting will be arranged.

You will receive a decision within 10 days of submitting this form, unless more time is needed to resolve the concern sufficiently or fulfill the request.

Student Signature: \_\_\_\_\_

**For Office Use Only.** Received by: \_\_\_\_\_ (initials) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Academic	<input type="checkbox"/> Grades (general)
	<input type="checkbox"/> Teacher (general)
	<input type="checkbox"/> Classroom Behavior*

Services	<input type="checkbox"/> Housing
	<input type="checkbox"/> Classmates*
	<input type="checkbox"/> Transfer*

Admissions	<input type="checkbox"/> Scholarships
	<input type="checkbox"/> Applications
	<input type="checkbox"/> I-20 Extension

Director	<input type="checkbox"/> Schedule Change: Level/Teacher/Section
	<input type="checkbox"/> Probation/ Dismissal*
	<input type="checkbox"/> Withdrawal/ Return Home*

\* Meeting requested/required?  Yes  No

Meeting with: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_