

# Documentation of Non Academic Concerns

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ School: \_\_\_\_\_

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**Nature of Complaint:**

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**Complaint referred to:**

Department Chair (departmental office or advisory committee): Y/N N/A: Comments:

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Resolution: Y/N N/A: Comments:

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Legal Affairs: Y/N N/A: Comments:

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No Resolution: Y/N N/A: Comments:

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Referred to Dean:

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No Resolution: Y/N N/A: Comments:

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Student Appeal to University President:

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