

OFFICE FOR ACADEMIC AFFAIRS -- Conference Request Form

Student I.D. or SS #: _____ **Date:** _____ **Time:** _____

Completion of this form will ensure faster, more effective service. Please supply all requested information.

Name _____
Last Name First Name Middle Initials

Campus Address _____
Room Number Residence Hall Telephone Number

Home Address _____
Street Address Post Office Box

City _____ County _____ State _____ Zip Code _____

Parent(s) or Guardian(s) Name _____
Last Name First Name Middle Initials

Instructor's Name _____ Course _____

Academic Advisor _____
Name Building Address

Please state fully and clearly your reason for coming to the Office for Academic Affairs _____

Please state fully and clearly what action would most be satisfactory to you _____

1) Before coming to the Office for Academic Affairs, with whom did you discuss the business that brought you here? CHECK ALL APPROPRIATE CHOICES

- no one
- another student
- academic advisor
- department head or dean
- other university employee
- parent
- friend
- Other _____
(specify)

Did you call the Office for Academic Affairs for an appointment? Yes No

3) How long did you wait before someone helped you?

- 5-10 minutes
- 15-30 minutes
- 30-60 minutes
- More than 1 hour

4) How were you received when you arrived in the Office for Academic Affairs?

CHECK ALL APPROPRIATE CHOICES

- friendly, helpful
- respectful, professional
- with knowledge of rules, procedures, processes
- unconcerned, hostile
- uncertain that I should be there
- unknowledgeable
- Other _____

Final Action _____

By _____ Date _____

Academic Affairs Staff