



# CONFERENCE REQUEST FORM

OFFICE FOR ACADEMIC AFFAIRS

Prairie View A&M University

Prairie View, Texas 77446

Student ID 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 THAT APPROPRIATE CHOICES**

- |  |  |
|--|--|
| <input type="checkbox"/> No One                  | <input type="checkbox"/> Other University Employee |
| <input type="checkbox"/> Another Student         | <input type="checkbox"/> Parent                    |
| <input type="checkbox"/> Academic Advisor        | <input type="checkbox"/> Friend                    |
| <input type="checkbox"/> Department Head or Dean | <input type="checkbox"/> Other : _____             |
- Please Specify

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

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

**CHECK ALL THAT APPROPRIATE CHOICES**

- |   |   |
|---|---|
| <input type="checkbox"/> Friendly, Helpful                              | <input type="checkbox"/> Unconcerned, Hostile             |
| <input type="checkbox"/> Respectful, Professional                       | <input type="checkbox"/> Uncertain That I Should Be There |
| <input type="checkbox"/> With Knowledge of Rules, Procedures, Processes | <input type="checkbox"/> Unknowledgeable                  |
| <input type="checkbox"/> Other : _____                                  |   |
- Please Specify

Final Action : \_\_\_\_\_

By : \_\_\_\_\_ Date : \_\_\_\_\_  
Academic Affairs Staff