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| g2-print | **Student Academic Success Center**  **Student Concern Form** | **🗆 Logged in database**  **🗆 Decision entered in database** |

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| Name: | | Date: | |
| Student G#: | Day Phone: | | |
| Local Street Address: | | | |
| City: | State: | | Zip: |
| Email: | Advisor: | | |
| Major(s): | Minor(s): | | |

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| **Transfer or GVSU Course** (subject, number, and title)  (Ex: EN 237 - Fiction) | **College/University**  **and Term Course Taken**  (Ex: Grand Rapids Community College, Fall 2012) | **Link to Course Description\*** (required for evaluation  or may attach syllabus for review) | **Identify General Education Program Category  you wish to fulfill (www.gvsu.edu/gened)**  (If you are requesting a specific GVSU equivalent course, this may require departmental evaluation) |
| Subject & Number:  Title: |  |  |  |
| Subject & Number:  Title: |  |  |  |
| Subject & Number: Title: |  |  |  |

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| **Provide brief description of reason for request(s):** |

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| \*A syllabus is required for evaluating statistics coursework—attach document. |
| Email this completed form as a **MS Word document** and any attachments to [sascconcerns@gvsu.edu](mailto:sascconcerns@gvsu.edu) for review. If you have any questions, contact the Student Academic Success Center at (616) 331-3588. |

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| Official Response: | | | | |
|  | For this student only |  | Auditor notified | Authorizer’s Name: |
|  | For all students (cc: Joan) |  | Student notified | Date: |

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| Rev.8/2013 |