

SIMAD UNIVERSITY



جامعة سيماد

JAAMACADDA SIMAD

The Fountain of Knowledge and Wisdom

منبع المعرفة والحكمة

Faculty of Management Sciences

STUDENT CONCERN FORM

Student Name : _____
Class Name : _____ Student ID: _____
Semester : _____ Program _____
Email : _____ Mobile Number _____

This form should be filled out completely and delivered to the faculty secretary/ head of the department of Instruction's office to review the issue and advise on how and where to proceed.

DESCRIPTION OF CONCERN

Attach any supporting documentation directly to this appeal form.

RESOLUTION SOUGHT (required)

What do you hope the outcome will be?

I understand the faculty will use the information I have provided to assist with investigating and resolving my complaint. I consent to the faculty's disclosure of any protected or confidential information that may be needed to review, analyze and investigate this complaint. I now declare that the information on this form is accurate, correct, and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions by faculty disciplinary policies

Student Signature _____ Date: _____