



ORIGINAL: OFFICE OF THE DEAN OF STUDENTS

DEAN: _____

DATE: _____

REQUEST FOR ASSISTANCE FROM THE OFFICE OF THE DEAN OF STUDENTS

To better respond to your request for assistance, please complete the following information sheet.

NAME:

FIRST	M.I.	LAST
_____	_____	_____

STATUS:

(Circle)

FULL-TIME STUDENT	1L	§ _____	2L	3L	
PART-TIME STUDENT	1L		2L	3L	4L
JOINT DEGREE	1L		2L	3L	4L
LL.M. STUDENT					
OTHER	_____				

GWID NO.: _____ **E-MAIL:** _____

PHONE: Cell: _____ Home (if different): _____ Work: _____

ADDRESS: _____

REQUEST (if confidential, check "Other"):

- _____ Academic Advising
- _____ Registration Assistance (Add/Drop)
- _____ Exam Issue
- _____ Student Organization Assistance
- _____ Private Consultation
- _____ Other

Describe your request:

* * * * *

Disposition (to be completed by the Office of the Dean of Students):
