



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):

