

REGISTRATION DATE: .../...../.....

Ref. No. (REG 12)

Student Complain Form

| | | | | |
|--|-----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| Student name: | | Major: | | |
| Faculty: | | Semester: | Date: / / | |
| Types of Issue: | <input type="checkbox"/> Academic | <input type="checkbox"/> Management | <input type="checkbox"/> Finance | <input type="checkbox"/> Students |
| In brief, describe the issue or problem: | | | | |
| | | | | |

Student is responsible about the accuracy of information stated by him/her. If any miswritten information founded, student will be considered under the rules and regulations of the university.

Please attach the supported evidence.

| | | | | | |
|--|---|--|--|--|--|
| Office Use Only | | | | | |
| No. of complains prior to current one: | | | | Evidence supported: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Complain should be directed to | <input type="checkbox"/> Academic Affairs | <input type="checkbox"/> Registration & Admission | <input type="checkbox"/> Dean | <input type="checkbox"/> Exam Unit | <input type="checkbox"/> Finance Dept. |
| | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> General Secretary Assistant | <input type="checkbox"/> General Secretary | <input type="checkbox"/> President | |

Student Affairs
