

## Florida Agricultural and Alechanical University

TALLAHASSEE, FLORIDA 32307-3200

UNIVERSITY REGISTRAR

## **Student Complaint Form**

| TELEPHONE:  | (850) 599-3115  |
|-------------|-----------------|
| FAX:        | (850) 561-2428  |
| TDD:        | (850) 561-2646  |
| E-MAIL: reg | istrar@famu.edu |

| Name:  | FAMU Student ID:   |                               |   |  |
|--|--|-------------------------------|---|--|
| Term: Fall [] Spring []  | Summer A/<br>(Year) (Please Circle O   |                               | ion:  |  |
| FAMU Email:  | Day Phone #:   | Dat                           | e of Incident:                              |  |
|  |  | Note: This report mus         | st be filed within 48 hours of the incident |  |
| 1. Area of concern: (ple   | oese select 1  |                               |   |  |
| Attendance Reporting   | Excess Credit Hours  | Name Change                   | Term Activation                             |  |
| Cancellation   | FAMU Employee Waivers  | Non-Degree Student            | Term Withdrawal                             |  |
| Classification Problem   | FAMU/FSU Co-Op   | Official Transcript           | Transcript Request                          |  |
| Course Withdrawal  | Foreign Language Alert   | Other (specify below*)        | Transfer Credit                             |  |
| Customer Service   | Forgiveness Policy   | Registration, Add/Drop        | Transient Application/FLVC                  |  |
| Degree Progress Report   | Grade Change   | Repeat Course surcharge       | Tuition Calculation                         |  |
| Diploma Reorder  | Graduation   | Retroactive Withdrawal        | Unofficial Transcript                       |  |
| Dual Enrollment  | Hold Release   | State Employee Waivers        | Veteran Affairs                             |  |
| Enrollment Verification  | Late Registration Fee Waivers  | Suspension                    | Volunteer Hours Reporting                   |  |
| <ol><li>Did you attempt to re</li></ol>  | esolve this issue with the Registrar persond who you contacted (Personnel's Name   | sonnel involved? If yes, how? |   |  |
| 4. Did you attempt to resolve this issue with the involved Registrar personnel's supervisor? If yes, how? Please provide date and who you contacted (Supervisor's Name: Date:) |  |                               |   |  |
| 5. What specific solution  | on are you seeking?  |                               |   |  |
|  | wledge that I have presented the facts on the may lead to a charge for violating F |                               |   |  |
| Print Name   |  | Signature                     |   |  |