



Master of Arts Criminal Justice Program
STUDENT CONSULTATION LOG

Top section to be completed by student- PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Today's Date: _____

NAME _____ Student ID# or SSN _____
LAST FIRST MI

HOME ADDRESS _____
STREET CITY/STATE ZIP CODE

LOCAL ADDRESS _____
(If Different) STREET CITY/STATE ZIP CODE

TELEPHONE # (____) _____ Evening (____) _____ Other (____) _____

CONCENTRATION _____ ADVISOR _____

Reason for visit (Please check all that apply) () Evaluation Concern () Transcript Concern
() Transfer Credit Concern () Complaint (Grade/Faculty) () Other _____

Student Signature Date

I have spoken with the following person(s) about this concern

Instructor/Advisor _____ Date _____

Instructor's/Advisor's Comments:

Four horizontal lines for writing comments.

Attachments () Yes () No

Instructor's/Advisor's Signature Date

PROGRAM DIRECTOR _____

Date _____

Program Director's Comments:

Attachments Yes No

SOCIOLOGY HEAD _____

Date _____

Sociology Head's Comments:

Attachments Yes No

Sociology Head's Signature

Date

COLLEGE OF LIBERAL ARTS DEAN _____

Date _____

College of Liberal Arts, Dean's Comments:

Attachments Yes No

Dean's Signature

Date

