**Report of Student Meeting**

**Student:**

**Student ID #**

**Faculty:**

**Course Number & Name**

**Date of Meeting:**

**Reason for Meeting**: Initiation of Student Concerns Policy to discuss

**Meeting Notes:**

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**Actions:**

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**Next Steps:**

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Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: