



Office of Enrollment Management
Student Consultation Form

Please Complete All Required Information

You MUST speak with someone in the respective Enrollment Management Office (Admissions, Customer Service, Financial Aid, Student Accounts) before you can be serviced in this office.

NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_
HOME ADDRESS \_\_\_\_\_
LOCAL ADDRESS \_\_\_\_\_
TELEPHONE# DAY \_\_\_\_\_ EVENING \_\_\_\_\_
1ST DATE OF ENTRY TO NSU \_\_\_\_\_ MAJOR \_\_\_\_\_ GPA \_\_\_\_\_
REASON FOR VISIT \_\_\_\_\_

Signature of staff receiving form

Date

I met with the following person(s) about this concern. Check all that apply.

( ) Advisor Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Dept. Head Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Dean Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Admissions Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Customer Service Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Financial Aid Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Registrar Full Name \_\_\_\_\_ Date \_\_\_\_\_
( ) Student Accounts Full Name \_\_\_\_\_ Date \_\_\_\_\_

Was a resolution to your concern offered? ( ) YES ( ) NO

If yes, state the resolution offered and indicate by whom \_\_\_\_\_

If no, why do you believe one was not offered? \_\_\_\_\_

Signature of Student

Date

For Official Use Only

Action taken: ( ) In person visit ( ) Telephone Call ( ) Email
( ) Problem Solved ( ) Referred to \_\_\_\_\_ ( ) Further Investigation needed
( ) Appointment Date and Time \_\_\_\_\_
Comments (Required) \_\_\_\_\_

Signature of EM Personnel

Date