HAMPTON UNIVERSITY
OFFICE OF THE DEAN, UNIVERSITY COLLEGE
INTAKE QUESTIONNAIRE

Date Submitted _____/_____/_____
Time: ____________________ AM/PM

NAME

#SID

LOCAL ADDRESS

LOCAL PHONE#

CELL PHONE#

HU E-MAIL ADDRESS:

Please briefly state the nature of your grievance. Provide copies of any supporting documentation that you feel is relevant to your grievance.

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Your Signature:

Office of the Dean Action:

Current Disposition:  □ Matter Closed  □ Further Review Needed

This matter has been referred to:

NAME __________________________

Department ______________________

Extension _______________________

Reason for Referral

Dean, University College Signature:

Date: ________/_____/______

Copies may be made and distributed as follows:  Dean’s file  Student