|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Suggestion Number:** | | | |  |
| **Date:** |  | **ID:** |  | |
| **Student Name:** |  | **Year Group:** |  | |
| **College of:** |  | **Email:** |  | |
| **Contact No.:** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Suggestion :** | | | | | |
| **Academic** | | **Residence** | **Cafeteria** | | |
| **Registration** | | **Sports Centre** | **Locker** | | |
| **Library** | | **Social Worker** | **Transportation** | | |
| **Clinic** | | **University** | **Other** *(please specify)* | | |
|  | | | | | |
| **Description of Suggestions:** | | | | | |
|  | | | | | |
| **Student Signature:** |  | | | **Date:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For Office Use Only:** | | | | | | | |
| **Received by Stu. Affairs Officer:** | |  | | **Signature / Date:** | |  | |
| **Reviewed by DoS:** |  | | | **Signature / Date:** | |  | |
| **Suggested action:** | | | | | | | |
| **Forwarded to *(VPAA/ DoA):*** | | |  | | **Date:** | |  |
| **results & recommendations:** | | | | | | | |
|  | | | | | | | |