



# STUDENT SUGGESTION FORM

DIN: RUW-OSL-T-014

RN: 05

ED: 21/02/2019

Suggestion Number:

|               |  |             |  |
|---------------|--|-------------|--|
| DATE:         |  | ID:         |  |
| STUDENT NAME: |  | YEAR GROUP: |  |
| COLLEGE OF:   |  | EMAIL:      |  |
| CONTACT NO.:  |  |             |  |

### CATEGORY OF SUGGESTION :

|                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Academic     | <input type="checkbox"/> Residence     | <input type="checkbox"/> Cafeteria              |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Sports Centre | <input type="checkbox"/> Locker                 |
| <input type="checkbox"/> Library      | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Clinic       | <input type="checkbox"/> University    | <input type="checkbox"/> Other (please specify) |

### DESCRIPTION OF SUGGESTIONS:

|                    |  |       |  |
|--------------------|--|-------|--|
| Student Signature: |  | Date: |  |
|--------------------|--|-------|--|

### FOR OFFICE USE ONLY:

|                     |   |                   |  |
|---------------------|---|-------------------|--|
| Received by (Name): |   | Signature / Date: |  |
| Reviewed by DoS:    |   | Signature / Date: |  |
| Suggested action:   | <input type="checkbox"/> AVP <input type="checkbox"/> DoA |                   |  |

### RESULTS & RECOMMENDATIONS:

|               |  |       |  |
|---------------|--|-------|--|
| Signature by: |  | Date: |  |
|---------------|--|-------|--|