

Student Issue/Question Form

Name:			
e-mail:			
Phone:			
Course:	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics <input type="checkbox"/> Manicuring <input type="checkbox"/> Instructor <input type="checkbox"/> Refresher		
Enrollment Type:	Day/Full Time <input type="checkbox"/>	Night/Part Time <input type="checkbox"/>	Campus: <input type="checkbox"/> LIV <input type="checkbox"/> RO
Date:		Staff Member Requested:	
<i>Please check area of concern(s) and list details or question:</i>			
<input type="checkbox"/> Admissions:	<input type="checkbox"/> Academic Concern:	<input type="checkbox"/> Facility:	<input type="checkbox"/> Academy Culture:
<input type="checkbox"/> LOA:	<input type="checkbox"/> Attendance/Hours:	<input type="checkbox"/> Graduation:	<input type="checkbox"/> PSI/State Question:
<input type="checkbox"/> Financial Aid:			
Academy Notes & Received By:			

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