

Student Issue/Question Form

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|---|--|--|--|
| 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 <input type="checkbox"/> Night <input type="checkbox"/>  | Campus: <input type="checkbox"/> CAN <input type="checkbox"/> RO |  |
| Date:   |  | Staff Member Requested:  |  |
| <b><i>Please check area of concern(s) and list details or question:</i></b> |  |  |  |
| <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:  |  |  |  |