



Student Complaint Concerning Faculty Review Pool Nomination

Your Name:

Date:

Your Email:

Your Department:

Nominated Student or Faculty Member name:

- If a faculty nominee, their department:
- If a student nominee, their major (if known):

Your relationship to the student nominee:

Faculty Advisor

Staff Advisor

Faculty Support (i.e. Instructor, Research Supervisor)

Staff Support (i.e. Department OAS)

Peer Support (i.e. SGA Representative, TA, Tutor)

Other:

Why would you recommend this faculty member or student for the Student Complaint Review Pool?