



Date : ____/____/____

Time : _____

Student Details

1. Student Type : Undergraduate Graduate

2. Student ID : _____ 3. ADU Email : _____

4. Name : _____

5. Mobile no. : _____

6. Which College do you belong to? (tick one) : ELI UC COBA CECS CAS CRGS (for masters and doctorate programs)

You shall be contacted on your mobile phone and/or your ADU email provided only; if you do not have an ADU email address, the Office of Registrar will provide one for you.

7. Please let us know if this is a suggestion or a complaint? (tick one) : Suggestion Complaint

Details of your Suggestion/Complaint

8. Please name the College / Dept. /Service that your suggestion or complaint is concerned with:

.....

9. Please describe your suggestion/complaint below -

Empty text area for describing the suggestion/complaint.

Note : If space provided is not sufficient, please attach supplementary sheets also duly signed by the student.

Student Signature : _____

FOR OFFICE USE ONLY

Suggestion/Complaint No. : Received by : (name, signature and date)

Suggestion/Complaint closed on : ____/____/____ (to be filled in when the complaint is closed)