

INITIAL FILE INFORMATION FORM

Date (dd/mm/yy): _____

Student's Name (optional): _____ **Advisor Initials:** _____

Department: _____ **Division:** _____ **Program & Year:** _____

Study Status (ft/pt/international/mature): _____

Means of communication with student (check any that apply): Meeting Email Phone

How did the student hear about the Student Advisor Program? _____

General Type of Inquiry (check any that *may* apply):

Supervisor conflict

Funding

Academic appeal

Other conflict

Disability/accommodation

Referral to service

Employment

Housing

Administrative inquiry

Harassment

Stress/Personal

Program change

Discrimination (possible grounds) _____

Other (explain): _____

Content of Meeting/Communication:

Potential Deadlines?: No Yes (specify): _____

Other parties involved (named?) & other campus facilities contacted:

Action already completed:

Action to be taken:

FOLLOW UP FILE INFORMATION FORM

Date (dd/mm/yy): _____

Student's Name (optional): _____ **Advisor Initials:** _____

Means of communication with student (check any that apply): Meeting Email Phone

Content of Meeting/Communication:

Potential Deadlines?: No Yes (specify): _____

Other parties involved (named?) & other campus facilities contacted:

Action already completed:

Action to be taken: