

## Conflict Resolution Form

This form is intended to resolve any issues that may be the source of persistent conflict between two or more parties. This form is not intended to address grade appeals; please see Front Desk for the appropriate form.

Once this form is completed, it will be submitted to an impartial person/body, to avoid conflict of interest.

*Please Print Clearly.*

Student Name: \_\_\_\_\_ ID No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Please briefly explain the incident in question.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would be your preferred outcome? Or how would you like to resolve this issue?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residing Person/Body: \_\_\_\_\_

Meeting with conflicting parties (date): \_\_\_\_\_

Conflict Resolved?  Yes  No      Police/Authorities Involved?  Yes  No

Action Taken: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Incident Report Form

Name of Victim/Person Involved \_\_\_\_\_

Student

Client

Faculty/Staff

Visitor

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Nature of Incident \_\_\_\_\_

Description of Incident

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Sequence of Events

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Conclusion

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Witnesses

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Responder: \_\_\_\_\_

Signature of Responder: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IMMEDIATELY AFTER THE INCIDENT HAS BEEN RESOLVED. SUBMIT TO THE PROGRAM DIRECTOR.**

**Change of Personal Information Form**

*Student may be asked to submit additional documentation for verification purposes.*

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

*Please check all that apply.*

**Change of Address**

New Mailing Address	Street: _____ City/Town: _____ Postal Code: _____ Phone No.: _____
Former Mailing Address	Street: _____ City/Town: _____ Postal Code: _____ Phone No.: _____

**Change of Personal Identification**

Name	First Name: _____ Middle Name(s): _____ Last Name: _____
Sex/Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss

**Change of Email Address**

New Email Address	_____
Former Email Address	_____

**Other (Please specify)**

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Student Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**Student Requisition Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requisition for:

Tooth/Teeth \_\_\_\_\_ (specify tooth numbers using international system)

Mirror Head \_\_\_\_\_

Other \_\_\_\_\_ (specify)

Item(s) Received

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received by:

School Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Student Requisition Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requisition for:

Tooth/Teeth \_\_\_\_\_ (specify tooth numbers using international system)

Mirror Head \_\_\_\_\_

Other \_\_\_\_\_ (specify)

Item(s) Received

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received by:

School Signature \_\_\_\_\_ Date: \_\_\_\_\_

Academic Appeal Form - Faculty

*Please Print Clearly.*

Student Name: \_\_\_\_\_ ID No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_

Test Number or Assignment Name: \_\_\_\_\_

Administered by (Faculty Member): \_\_\_\_\_

Reasons for Grade Appeal:

\_\_\_\_\_  
\_\_\_\_\_

Desired Outcome:

\_\_\_\_\_  
\_\_\_\_\_

Attached Supplemented Documentation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Response

Met with Student (date): \_\_\_\_\_

Reviewed Test or Assignment (date): \_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Appeal Form – Program Director**

*Please Print Clearly.*

Student Name: \_\_\_\_\_ ID No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_

Test Number or Assignment Name: \_\_\_\_\_

Administered by (Faculty Member): \_\_\_\_\_

Reasons for Grade Appeal:  
\_\_\_\_\_  
\_\_\_\_\_

Desired Outcome:  
\_\_\_\_\_  
\_\_\_\_\_

Attached Supplemented Documentation:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Program Director Response**

Met with Student (date): \_\_\_\_\_

Reviewed Test or Assignment (date): \_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Appeal Form – College Director**

*Please Print Clearly.*

Student Name: \_\_\_\_\_ ID No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_

Test Number or Assignment Name: \_\_\_\_\_

Administered by (Faculty Member): \_\_\_\_\_

Reasons for Grade Appeal:  
\_\_\_\_\_  
\_\_\_\_\_

Desired Outcome:  
\_\_\_\_\_  
\_\_\_\_\_

Attached Supplemented Documentation:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**College Director Response**

Met with Student (date): \_\_\_\_\_

Reviewed Test or Assignment (date): \_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Appeal Form – Committee**

*Please Print Clearly.*

Student Name: \_\_\_\_\_ ID No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_

Test Number or Assignment Name: \_\_\_\_\_

Administered by (Faculty Member): \_\_\_\_\_

Reasons for Grade Appeal:  
\_\_\_\_\_  
\_\_\_\_\_

Desired Outcome:  
\_\_\_\_\_  
\_\_\_\_\_

Attached Supplemented Documentation:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Committee Response**

Met with Student (date): \_\_\_\_\_

Reviewed Test or Assignment (date): \_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_