

**HAMPTON UNIVERSITY**  
**OFFICE OF THE DEAN, UNIVERSITY COLLEGE**  
**INTAKE QUESTIONNAIRE**

Date Submitted \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_ AM/PM

<b>NAME</b>	<b>#SID</b>
<b>LOCAL ADDRESS</b>	<b>LOCAL PHONE#</b> _____
<b>HU E-MAIL ADDRESS:</b>	<b>CELL PHONE#</b> _____

Please briefly state the nature of your grievance. Provide copies of any supporting documentation that you feel is relevant to your grievance.

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**Your Signature:**

**Office of the Dean Action:**

<b>Current Disposition:</b> <input type="checkbox"/> <b>Matter Closed</b> <input type="checkbox"/> <b>Further Review Needed</b>	
<b>This matter has been referred to:</b>	<b>Reason for Referral</b>
NAME _____	
Department _____	
Extension _____	

<b>Dean, University College Signature:</b>	<b>Date:</b> ____ / ____ / ____
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<b>Copies may be made and distributed as follows:</b>	<b>Dean's file</b>	<b>Student</b>
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