Foundation University

Rawalpindi Campus Student Complaint/Request Form/Feedback

Serial No	
Date :	

FURC-ADMW-SAO-2-F-26

Completed student complaint /request forms are to be sent to the Director's Office / Admr Office / Relevant

Head of Department	/ MSA / AMSA					
YOUR DETAILS (STUDENT)					
Full Name:	Student Registra	tion Pro	ogram S	Semester		
CONTACT DETAI	CONTACT DETAILS					
Address:						
Cell #:						
Email:				-		
TICK THE PROBI	LEM AREA					
Discipline	Extracurricular Activities	Student Affairs Department	Administration	Canteen		
Course Registration	Class Schedule Problem	Exam Matters	Photocopying			
University Registration	IRC	IT Labs	Telecom Labs			
DESCRIBE YOUR	COMPLAINT (ATTAC	CH ADDITONAL	PAGES IF NE	CESSARY)		
Date: Received Date:	Student Signature: FOR OFFICE USE ONLY Date:					
Comments by AMS	SA:					

Referred To Director/Admr/HoD/Manager Admin/MSA/Asst. Con	t. Exam/ Account Officer
for action / comments.	
	Signature
	Signature
To be sent to Director's Office/Admr Office urgently	
Director 's/Admr Remarks:	
	Signature
D. C. 1 4 A 60 .	
Manager Student Affairs	