

**Student Grievance Form**

1	Student Name	
2	University Reg'n No.	
3	Course	
4	Semester/year	
5	Mobile No.	
6	Email	

Grievance details: \_\_\_\_\_

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

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

**For Office use**

Received on:

Received by:

Remarks:

Grievance closure date:

Signature