**FOUNDATION UNIVERSITY FUSC-SAO-\_\_\_\_\_\_\_\_\_\_\_ -**

**Sialkot Campus**

**Student Complaint/ Request Form/Feedback**

**Serial No: \_\_\_\_\_\_\_\_\_\_**

**Date; \_\_\_\_\_\_\_\_\_**

Completed Student complaint /request forms are to be sent to the pro Rector / Director’s Office / Admr Office / Relevant Head of Department / MSA. /AMSA.

**YOUR DETAILS (STUDENT)**

Address:

Cell/Landline Phone #:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TICK THE PROBLEN AREA**

 Discipline Extracurricular Activities Student Affairs Administration Canteen

 Department

 Course Registration Class Schedule Problem Exam Metter’s Photocopying

 University Registration IRC IT Labs Telecom Labs

 **DESCRIBE YOUR COMPLAINT (ATTACH ADDITIONAL PAGES IF NECESSARY)**

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 Date: Student Signature:

**FOR OFFICE USE ONLY**

Received Date:

 Comments by AMSA:

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 **Signature of AMSA**

 **(P.T.O)**

Referred to pro Rector / director/Admr/HoD/Manger Admin/MSA/Asst. Cont. Exam/Account Officer for action / comments.

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**Signature**

To be sent to pro Rector / Director’s Office /Admr Office urgently

Pro Rector / Director’s / Admr Remarks:

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**Signature**

**Manger Student Affairs**