

Republic of the Philippines

**BULACAN STATE UNIVERSITY**

City of Malolos, Bulacan

**STUDENT CONSULTATION FORM**

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| **STUDENT REQUEST**  To be filled out by the student | | | |
| Name: | | Student Number: | |
| Course: | Year: | | Section: |
| Subject: | | 1st Sem 2nd Sem AY 20\_\_\_-20\_\_\_ | |
| Areas of Concern: Please tick the box of the specific concern.  Academic Performance (grades, performance ratings)    Personal grievances (faculty, classmate, member of BulSU community    Recent social changes affecting studies (family, peer relationships)  Other concerns. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date of Request: | | Signature: | |

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| **FACULTY RESPONSE**  To be filled out by the faculty | |
| Name: | |
| Request received on (Date and Time): | |
| Mode of consultation: Onsite (University) Online | |
| Student’s concern has been resolved:  If yes, describe how it was resolved.  If no, describe the next step. | |
| Other remarks: | |
| Date and time of consultation: | Signature: |