



CONFERENCE REQUEST FORM

OFFICE FOR ACADEMIC AFFAIRS

Prairie View A&M University

Prairie View, Texas 77446

Student ID or SS # : _____ Date : _____ Time : _____

Completion of this form will ensure faster, more effective service. Please supply all requested information.

Name : _____
Last Name First name Middle Initials

Campus Address : _____
Room Number Residence Hall Telephone Number

Home Address : _____
Street Address Post Office Box #

City County State Zip Code

Parent(s) or Guardian(s) Name : _____
Last name First name Middle Initials

Instructor's Name : _____ Course : _____

Academic Advisor : _____
Name Building Address

Please state fully and clearly your reason for coming to the Office for Academic Affairs : _____

Please state fully and clearly what action would most be satisfactory to you : _____

1. Before coming to the Office for Academic Affairs, with whom did you discuss the business that brought you here?

CHECK ALL THAT APPROPRIATE CHOICES

- | | |
|--|--|
| <input type="checkbox"/> No One | <input type="checkbox"/> Other University Employee |
| <input type="checkbox"/> Another Student | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Department Head or Dean | <input type="checkbox"/> Other : _____ |
- Please Specify

2. Did you call the Office for Academic Affairs for an appointment? Yes No

3. How long did you wait before someone helped you?

CHECK ALL THAT APPROPRIATE CHOICES

- | | |
|---|---|
| <input type="checkbox"/> Friendly, Helpful | <input type="checkbox"/> Unconcerned, Hostile |
| <input type="checkbox"/> Respectful, Professional | <input type="checkbox"/> Uncertain That I Should Be There |
| <input type="checkbox"/> With Knowledge of Rules, Procedures, Processes | <input type="checkbox"/> Unknowledgeable |
| | <input type="checkbox"/> Other : _____ |
- Please Specify

Final Action : _____

By : _____ Date : _____
Academic Affairs Staff