
GENERAL GUIDANCE

The purpose of the form is for AUM students to voice a concern about AUM student life and to propose a constructive solution to the problem.

STUDENT DETAILS

Last Name: _____ First Name: _____ Middle Initial: _____

AUM ID: _____ Email: _____ Phone: _____

NATURE OF THE CONCERN

Please briefly describe your concern below.

PROPOSED SOLUTION

Please describe your proposal to resolve this concern.

SIGNATURE

Name	Signature	Date
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PLEASE RETURN THIS FORM TO

SU President

Email: Student.Union@aum.edu.mt

Please cc. the Manager of Student Affairs

Email: dave.oshaughnessy@aum.edu.mt