Physics C.A.R.E.S. Form

Name: _____ Student ID: _____ MSU Email: _____

Cell: _____ Major: _____ Status: _____

Professor: _____ Course: _____ Semester: _____ Year: _____

Provide details of your concern and info for the Chair to review. Please be specific.

- (Use a separate sheet if needed)
- ***Attach supporting documents (i.e. graded exams, emails, course syllabus, etc.)***

Have you carefully reviewed the course syllabus? _____

Do you have a suggested solution to your issue? (If yes, explain.)

Student Signature_____ Date_____

Validation: *ALL concerns are treated seriously. By signing this form, you are confirming that all statements are true and correct to the best of your knowledge. If it has been determined that your identity or statements have been falsified, necessary action will be taken in accordance with campus administration.*