

## STUDENT'S QUERY/FEEDBACK

Please complete the form & submit it to our Student Services Office

### SECTION A

Student's Name (as in NRIC / Student Pass):	Student ID No.:	Contact No.:
Course/s:	Email Address:	

**You query/feedback is important to us. Depending on the complexity of the issue, we will provide an outcome of our investigation within 21 days or earlier.**

### SECTION B

Please describe clearly the nature of query/feedback:  
(continue on separate page if necessary)

Recommended solution / action to be taken:  
(continue on separate page if necessary)

Student's Signature:

Date:

**FOR OFFICIAL USE ONLY**

**SECTION C**

Query/Feedback Received By:	Date Received:	Query/Feedback Referred To (C-1):  (Name or Department)	Date Referred:
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**Section C-1**

Status of follow up:  
(continue on separate page if necessary)

Action taken:  
(continue on separate page if necessary)

Query/Feedback Attended By:	Query/Feedback Reverted To:  (Student Services / Student)	Date Reverted:
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<input type="checkbox"/> Query/Feedback Resolved & Reverted <input type="checkbox"/> Query/Feedback Need Escalate To Higher Authority (C-2) <input type="checkbox"/> Query/Feedback Keep-In-View	Query/Feedback Escalated (Referred) To:  (Name of Supervisor / Snr. Mgmt.)	Date Referred:
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**Section C-2**

Status of follow up:  
(continue on separate page if necessary)

Action taken:  
(continue on separate page if necessary)

Query/Feedback Attended By:	Query/Feedback Reverted To:  (Student Services or Student)	Date Reverted:
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<input type="checkbox"/> Query/Feedback Resolved & Reverted <input type="checkbox"/> Query/Feedback Need Escalate To Higher Authority (C-2) <input type="checkbox"/> Query/Feedback Keep-In-View	Query/Feedback Recorded & Closed By:  (Student Services)	Date Closed:
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Please return this Form to the Student Services for filing when process is completed