

COLLEGE OF STATEN ISLAND/CUNY
Office of the Vice President for Student Affairs

Student Concern Form

If you have an issue that you cannot resolve on your own, please complete the form below. When you have completed the form, please email the form to studentaffairs@csi.cuny.edu or drop off the form to Building 1A Room 401. Thank you.

Date: _____

Student Name: _____

EMPLID : _____

E-mail (please use College's): _____ **Phone #:** _____

Referred by: Counseling ___ Registrar ___ Bursar ___ Testing ___ Financial Aid ___

Academic Advisement ___ Recruitment/Admissions ___ Self ___ Other _____

Nature of Concern (brief explanation): _____
