COLLEGE OF STATEN ISLAND/CUNY
Office of the Vice President for Student and Enrollment Services

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 301. 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):_____