

CELCIS ADVISING REQUEST FORM

1. FAMILY NAME	2. FIRST NAME	3. WIN
4. PHONE NUMBER	5. WMU EMAIL ADDRESS	
6. CLASS INFORMATION		
Speaking/Listening Level: Teacher:	Grammar/Communication Level: Teacher:	Reading/Writing Level: Teacher:
7. DESCRIBE YOUR CONCERN		
8. SIGNATURE OF THE STUDENT	9. DATE	
OFFICE USE ONLY		
WHO APPOINTMENT IS WITH	DATE OF APPOINTMENT	TIME OF APPOINTMENT

OFFICE USE ONLY

ACTION TAKEN TO ADDRESS THE CONCERN

SIGNATURE OF THE RECEIVING PERSON

DATE

SIGNATURE OF THE DIRECTOR

DATE

SIGNATURE/POSITION OF OTHER CELCIS STAFF INVOLVED IN ADDRESSING THE CONCERN

DATE

SIGNATURE/POSITION OF OTHER CELCIS STAFF INVOLVED IN ADDRESSING THE CONCERN

DATE