WMU IMMIGRATION SERVICES STUDENT FEEDBACK INTAKE FORM

Student's name and WIN	
Student's name and WIN	
Student's contact information (Phone and email)	
Please check which of the below you intend this feedback to be:	
□ Comment □ Suggestion □ Complaint □ Other	
Please share your feedback:	
Are you requesting that WMU take any specific action? Yes No	
If yes, please describe what actions you are requesting.	
Did you contact a WMU staff member on this matter?	
If yes, to whom did you speak with?	
Staff Name: Staff Office/Department: Date of Contact:	
Thank you for taking the time to submit your feedback. Your opinions are important to us.	

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