Student Action Item

Name: __________________________________________ Date: ____________________

E-mail: ________________________________________@students.nic.edu

Phone #: ________________________________________

Please explain your situation __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
What possible solutions would you like to see? ______________________________________
______________________________________________________________________________
______________________________________________________________________________
What would you like to do to help solve this problem? ________________________________
______________________________________________________________________________
______________________________________________________________________________
Is there anything else you would like to know or tell us about?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
If you need more room please attach a separate piece of paper.

ASNIC Representative Assigned : ____________________ (To be completed by ASNIC)