Physics C.A.R.E.S. Form

Name: ___________________________   Student ID: _________   MSU Email: ___________________________

Cell: ___________   Major: ___________________________   Status: ___________

Professor: ___________________________   Course: ___________   Semester: _________   Year: _______

Provide details of your concern and info for the Chair to review. Please be specific.

- (Use a separate sheet if needed)
- Attach supporting documents (i.e. graded exams, emails, course syllabus, etc.)

Have you carefully reviewed the course syllabus? ______

Do you have a suggested solution to your issue? (If yes, explain.)

Student Signature_________________________________   Date______________________

Validation:  ALL concerns are treated seriously. By signing this form, you are confirming that all statements are true and correct to the best of your knowledge. If it has been determined that your identity or statements have been falsified, necessary action will be taken in accordance with campus administration.