**Suggestion Form – Your Ideas Count!**

|  |  |
| --- | --- |
| Name |  |
| Faculty/Department |  |
| Email or contact number |  |
| Date submitted |  |

|  |
| --- |
| **Suggestion** |
|  |
| **Desired benefit(s)** |
|  |

|  |  |
| --- | --- |
| Date received |  |
| Date response sent |  |
| **Current status** | |
|  | |