

COMPLAINT FORM

Date: _____

Protocol No.: _____

Student details

Full Name: _____

Father's Name: _____

ID/Passport No.: _____

Student's Registration No: _____

Semester of Studies: _____

Address: _____

Phone No.: _____

email: _____

To: The Secretary of the Inter-institutional Program of Graduate Studies "*Theoretical and Applied Geopolitical Analysis in International Relations and Strategy*"

Subject-Matter of the Complaint¹ :

Declaration of Consent

I hereby declare that I consent to the use of my personal data for the purposes of the formal process pertaining to the examination of my complaint. Any documents related to the case are attached to the present form.

(Signature)

¹ Please describe briefly and clearly the problem you have encountered or the complaint you wish to make regarding the academic or administrative services provided in the Postgraduate Program.