

**Application to the Office of the Student Ombudsman, CUT**

Surname:……………………………………………………………………………………………………………

Name:…………………………………………………………………………………………………………………

S.I.:……………………………………………………………………………………………………………………

Email:……………………………………………………………………………………………………………

Telephone:……………………………………………………………………………………………………………

Department/Faculty: …………………………………………………………………………………………………………………………..

**I ask for the mediation of the Student Ombuds the following issue:**

**Topic Title**: ……………………………………………………………………………………………………………………………

**Topic Description:**…………………….……………………………………………………………………………………..…………………….………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………….……

**Date: .…/…/……… THE APPLICANT (SIGNATURE)……………………………**