

STUDENT MEDIATION SUBMISSION FORM
Office of the Dean of Students

To the Student Making Submissions

I hereby authorize Barry University to communicate any information contained in this form with the Office of the Dean of Students to schedule mediation

Student Name _____

Student Signature _____

Student email _____

Today's date _____

Student(s) Involved:

Student Name * _____ E-Mail * _____

Student Name * _____ E-Mail * _____

Student Name * _____ E-Mail * _____

Student Name * _____ E-Mail * _____

Conflict Category: Please choose all that apply

- Roommate conflict
- Peer to Peer conflict
- Relationship conflict
- Other

Description of Conflict (optional)

*Required information