Student Mediation Submission Form

Office of Student Conduct (BSC #313)

To the Student Making Submission:

I hereby authorize Saint Louis University to communicate any information contained in this form with the Saint Louis University Mediation Clinic to schedule a mediation.

Student Name: _______________________________________
Student Signature: _____________________________________
Student Email: _________________________________________
Banner ID #: ___________________________________________
Today’s Date: __________________________________________

Student(s) Involved:

Student Name: * ______________________________ E-Mail * _______________________
Student Name: * ______________________________ E-Mail * _______________________
Student Name: * ______________________________ E-Mail * _______________________
(Add additional students in the Description of Conduct below)

Conflicts Category: Select as many as apply

- Roommate conflict
- Peer-to-peer conflict
- Relationship conflict
- Inter-organization conflict
- Intra-organization conflict
- OTHER

Description of Conflict: (optional)

* Required