DATE: ___________________  STUDENT ID: ___________________

Last Name: _______________  First Name: _______________  Middle: _______________
Telephone#: _______________  Email: _______________

Instructor Name: _______________  Course Name (i.e. Math 51.01) _______________

Quarter & Year: _______________

Mark all that apply:
Instructor Concern  ☐  Grade Change  ☐  Course Clearance  ☐  Other _______________

Place your initials beside the appropriate choice(s) "Yes" or "No" below if your request involved an instructor.

YES, I have discussed my concerns with my instructor (your initials __________)
NO, I have NOT discussed my concerns with my instructor (your initials __________)

YES, the PSME Division Dean may discuss this with my instructor (your initials __________)
NO, the PSME Division Dean may NOT discuss my concerns with my instructor (your initials __________)

State the nature and goal of your concern. PLEASE PRINT NEATLY. You may attach any additional pertinent information. This information will remain confidential and will only be reviewed by the Physical Sciences, Math and Engineering Division (PSME) Dean unless permission is given to review with instructor (see below).

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