

15th Week Policy

Complaint Form and Policy Information

Class: _____ Section: _____

Days: _____ MWF or T TH _____ Time: _____

Instructor: _____

Complaint: (please briefly explain): _____

*It may be helpful to refer to the 15th Week Policy stated on the back of this form.

Please attach a copy of your class syllabus

Did your instructor receive unanimous consent of the class when setting this date during Dead Week for the test? Yes No

If not, how was this date determined? _____

Is this an hour exam or the class final? Hour exam Final

Briefly explain the grading structure for the class: _____

Additional comments: _____

Would you be in favor of us contacting your professor/instructor immediately?

(This would be confidential)

Name: _____

Phone Number: _____ Email address: _____

NOTE: Your identity is completely confidential. Your name, if given, will NOT be released to Administration and will only be released to the instructor IF YOU REQUEST that it be. However, your name and phone number would be helpful if additional information regarding the complaint is needed. Thank you for taking the time to file this complaint. Your complaint will be pursued.