DeAnza College

Physical Sciences, Mathematics, and Engineering Division

CONFIDENTIAL FORM

Date: _____ **Student ID:** _____

Name: _____ **Phone:** _____

Email: _____ **Quarter Affected:** _____

Instructor: _____ **Course Name:** _____

Check all that apply:

Instructor Concern	☐	Grade Concern	☐
Course Repetition	☐	Other	☐

If your concern involved an instructor, please check the box next to the appropriate choices:

- ☐ Yes, I have discussed my concerns with my instructor
- ☐ No, I have not discussed my concerns with my instructor
- ☐ Yes, the PSME Division Dean may discuss this with my instructor
- ☐ No, the PSME Division Dean may not discuss this with my instructor

State the nature of your concern and what you hope to achieve by bringing this to the PSME Division's attention. PLEASE PRINT NEATLY. You may attach any pertinent information.

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