

De Anza College

CONFIDENTIAL

Physical Sciences, Mathematics & Engineering
Division

Request for Appointment

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).
