



## Classroom Communication Concerns

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

UIN: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_ Semester: \_\_\_\_\_

Specific Concerns:

Department Head (or designee) Remarks/Resolution

Date \_\_\_\_\_

College Dean (or designee) Resolution/Remarks

Date \_\_\_\_\_