



**Instructor's Response: (Must Respond within 10 School Days)**

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\_\_\_\_\_  
**Instructor's Signature**

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**Date**

**Department Chair's Comment/Opinion** \_\_\_\_\_

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**Department Chair's Signature**

\_\_\_\_\_  
**Date**

**Dean's Decision/Comments** \_\_\_\_\_

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**Dean's Signature**

\_\_\_\_\_  
**Date**

- cc:**
- Vice President of Academic Services**
  - Appropriate Dean**
  - Department Chair**
  - Instructor**
  - Student**
  - Director of Enrollment Services (as needed)**