



Course Instructor Feedback Report

FAA Office of Undergraduate Academic Affairs
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Champaign, IL 61820 (MC 622)
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INSTRUCTIONS FOR THE STUDENT

- 1) Please PRINT the information.
- 2) Give this form to your course instructor.
- 3) Return this form WITH your petition.

Date: ____/____/____

Student's Name: _____

Instructor Name: _____

Course Name: _____

Instructor's Office Address: _____

Course Number & Section: _____

Instructor's Office Phone: _____

Student's Signature: _____

For the Instructor:

- 1) This student has submitted a request to drop your course after the eight-week deadline for dropping courses.
- 2) Your evaluation will aid the College in determining whether the student's request will be granted.

- ✓ Has student conferred with you outside of class concerning her/his work?
- ✓ Percentage of semester's work completed: _____%
- ✓ Estimated grade: _____
- ✓ Date first major evaluation was returned: ____/____/____
- ✓ **Attendance:** Regular _____ Irregular _____ Unable to estimate _____
- ✓ **Participation:** Adequate _____ Inadequate _____ Does not apply _____

INSTRUCTOR

- 1) Please use **INK** to complete this form.
- 2) Please return this form to the student.
- 3) Please provide the requested information and your signature.
- 4) The student's petition will not be reviewed until this report has been submitted.

Other Comments:

Instructor's Name (please print): _____

Phone: _____

Instructor's Signature: _____

Date: ____/____/____