

University Senate
INSTRUCTOR FEEDBACK FORM
(to accompany a student's Retroactive Withdrawal Application)

STUDENT: Please fill out the four fields in this box.

Student Name: _____ Student Number (not SS#): _____

Course & Number: _____ Semester and Year for which RWA is requested: _____

INSTRUCTOR: Please supply as much of the information as you can. You are free to add additional information at the end that might be helpful to the Senate's Retroactive Withdrawal Application Committee during their deliberations.

1. *ATTENDANCE* I do do not take attendance. Is attendance required? Yes No

If attendance is taken, please explain the student's attendance:

Regular (until what date) _____

Sporadic (beginning on what date) _____

Rare (beginning on what date) _____

2. *CLASS ASSIGNMENTS, QUIZZES or LAB ASSIGNMENTS*

_____ # of Class Assignments _____ # Completed _____ Average Grade

_____ # of Quizzes _____ # Completed _____ Average Grade

_____ # of Lab Assignments _____ # Completed _____ Average Grade

_____ # of Other Assignments _____ # Completed _____ Average Grade

Describe "Other": _____

3. *TESTS/WRITING ASSIGNMENTS*

_____ Current Grade on Exams _____ Current Grade on Writing Assignments

_____ # of Exams Given _____ # of Writing Assignments

_____ # of Exams Completed by Student _____ # of Writing Assignments Completed by Student

4. What was the student's overall grade for the class at midterm? _____

5. What is the student's overall grade? _____

6. Has the student ever contacted you with regard to this class for any reason?

Yes Approximately how many times? _____

No

7. Were you aware of this student's situation prior to receiving this form?

Yes When were you made aware? _____

No

Additional Comments: _____

PLEASE PRINT, SIGN AND RETURN TO THE DEAN'S OFFICE

Instructors' Signature

Date