

T +1-519-479-1022 F +1-519-541-2426

1457 London Road Sarnia, ON, N7S 6K4 lambtoncollege.ca

Student Request for Review of Instruction

This form must be completed by students, signed by at least one third of the students in the class and accompanied by a detailed, written report describing the issues and the students' concerns. The completed form must be returned to the Office of the Registrar & Financial Aid Services.

Date:	Academic Program:	
Professor's Name:		
Course Code:	Course Section:	
Has the Professor been contacted to discuss this issue?	Yes No	

Policy

Prior to submitting this form, students must review the Student Required for Review of Instruction policy (2000-1-12).

This policy is part of the College's commitment to ensure a quality-learning environment. Where disagreements or concerns exist, it is always desirable that a solution be found through informal discussions among parties involved. However, when this cannot be achieved, then a formal resolution process is required.

Students may request a formal review of the delivery of a course through the Student Request for Review of Instruction process. A student-requested review may not be commented after the twelfth (12th) week of classes (after four-fifths of the term).

Please attach a completed student signatures document with the student signature printed, signed and dated.

Name	Student ID:
Signature:	Date:

T +1-519-479-1022 F +1-519-541-2426 1457 London Road Sarnia, ON, N7S 6K4 lambtoncollege.ca

Student Signatures Document

You may need to include more than one Student Signatures Document depending on how many students are in the class. You must have signatures from at least one third of the students.

Signature: Name Student ID: Signature: Date: Signature: Date:	Name Student ID: Signature: Date: Name Student ID: Signature: Date: Student ID: Signature: Student ID:	Name	Student ID:
Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Student ID: Signature: Student ID:	Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID:	Signature:	Date:
Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Student ID: Signature: Student ID:	Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID:		
Name Student ID: Signature: Date: Name Student ID: Signature: Date: Signature: Date: Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Student ID: Signature: Student ID:	Name Student ID: Signature: Date: Name Student ID: Signature: Date: Student ID: Signature: Date: Student ID:	Name	Student ID:
Signature: Date: Name Student ID: Student ID: Student ID: Signature: Student ID: Student ID: Signature: Student ID: Student ID:	Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID:	Signature:	Date:
Signature: Date: Name Student ID: Student ID: Student ID: Signature: Student ID: Student ID: Signature: Student ID: Student ID:	Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID: Signature: Student ID:		
Name Student ID: Date: Name Student ID: Signature: Date: Signature: Date: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Name Student ID: Student ID: Student ID: Student ID: Student ID: Student ID:	Name Student ID: Date: Name Student ID: Signature: Date: Name Student ID:	Name	Student ID:
Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Student ID: Signature: Date: Name Student ID:	Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Signature: Date: Name Student ID:	Signature:	Date:
Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Student ID: Signature: Date: Name Student ID:	Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Signature: Date: Name Student ID:		
Name Student ID: Signature: Date: Name Student ID: Signature: Date: Name Student ID: Name Student ID:	Name Student ID: Signature: Date: Name Student ID: Signature: Date: Name Student ID: Name Student ID: Student ID: Student ID: Student ID: Student ID: Student ID:	Name	Student ID:
Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Student ID: Student ID: Signature: Student ID: Student ID:	Signature: Name Student ID: Date: Date: Name Student ID: Date: Name Student ID: Signature: Date: Student ID: Student ID: Student ID:	Signature:	Date:
Signature: Name Student ID: Signature: Date: Name Student ID: Signature: Date: Student ID: Student ID: Signature: Student ID: Student ID:	Signature: Name Student ID: Date: Date: Name Student ID: Date: Name Student ID: Signature: Date: Student ID: Student ID: Student ID:		
Name Student ID: Signature: Date: Name Student ID: Signature: Date: Signature: Date:	Name Student ID: Signature: Date: Name Student ID: Signature: Date: Signature: Date:	Name	Student ID:
Signature: Name Student ID: Date: Name Student ID:	Signature: Name Student ID: Date: Name Student ID:	Signature:	Date:
Signature: Name Student ID: Date: Name Student ID:	Signature: Name Student ID: Date: Name Student ID:		
Name Student ID: Signature: Date: Name Student ID:	Name Student ID: Signature: Date: Name Student ID:	Name	Student ID:
Signature: Date: Name Student ID:	Signature: Date: Name Student ID:	Signature:	Date:
Signature: Date: Name Student ID:	Signature: Date: Name Student ID:		
Name Student ID:	Name Student ID:	Name	Student ID:
		Signature:	Date:
Signature: Date:	Signature: Date:	Name	Student ID:
		Signature:	Date: