REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

| Name _ | Date |
|---------|---|
| Address | Phone |
| City | State Zip Code |
| 1. | Instructional material on which you are commenting: |
| | " Audio Visual" Library Book" Textbook" Other |
| 2. | What brought this material to your attention: |
| 3. | Have you read, studied, or reviewed this material in its entirety? |
| 4. | Please comment on the material as a whole, as well as being specific on those matters which concern you. (Use other side, if needed.) |
| 5. | Optional What resource(s) do you suggest to provide additional information on this material? |
| | Signature |
| DW/mb | |