

## CLASSROOM FREEDOM OF EXPRESSION MEDIATION FORM

I have attempted to resolve concerns that my classroom instructor in a course in which I am currently enrolled has acted beyond professional standards of academic freedom. In accordance with Academic and Administrative Policy and Procedure [R-6, Classroom Academic Freedom Conference and Mediation](#), and [University Faculty Senate Policy 20-00, Resolution of Student Classroom Problems](#), and having attempted to resolve the issue through AAPP R-6 steps (1) and (2), I request that the campus chancellor or college dean to whom the instructor reports review my concerns.

This form must be filed with the campus chancellor or college dean to whom the instructor reports.

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Course: \_\_\_\_\_  
Name Number Section

Instructor: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

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Briefly provide specific details of the original classroom or teaching and learning event(s) giving rise to your concern and explain why the situation remains unresolved.