

Dear Professor:

- x As you complete this form, please note the student's scheduling DEADLINES (front side).
- x Return the completed form to the **STUDENT**, who will then turn the form into D²A².
- x In case of a delay, or a time crunch, you may scan the completed form and email it to dss-test@iup.edu

Professor's Department Location: _____

(If the completed test is tc6.72 th9 76.aeTJ e6.s (9 76.e))TJ

