



# SCHOOL OF EDUCATION

INDIANA UNIVERSITY  
SOUTH BEND

## Issue Resolution Information Page

*~To be completed by student~*

### Directions:

- Download PDF to your device and complete.
- Email to Tracy Horvath, Faculty Support, at tmhorvat@iu.edu.
- The request will be routed for review and a signed copy with the decision will be emailed back to you and uploaded to your AdRX account.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

IU Email: \_\_\_\_\_ ID#: \_\_\_\_\_

I have read the Issue Resolution process for the School of Education: \_\_\_\_\_ (Student's Initials)

### Other:

**This issue is related to:**      Course or instructional issue      Advising\*      Policy/Process\*

Other \_\_\_\_\_

*\*If you have selected Advising or Policy/Process, please meet with your academic advisor to explore options before submitting this form.*

Have you met with or made an appointment with your advisor about this issue?      Yes      No

**Advisor Recommendation:**

Advisor's Name \_\_\_\_\_

### To be completed by School of Education – Documentation and Routing

1) Tracy Horvath Date Rec'd \_\_\_\_\_

2) Division Head Date Rec'd \_\_\_\_\_

3) Response to Student \_\_\_\_\_

## **Student Explanation of Issue or Concern**

*Please write a complete and detailed explanation of the issue in the text box provided. Ensure all relevant paperwork and additional documentation required for decision-making is included with your submission.*

If you need more space for your response, feel free to attach an additional page.

# Issue Resolution Response

## For Faculty/Staff Use Only

Student Name: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_

### Recommendation

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Deferred pending further input

Division Heads/Faculty/Staff members must include an explanation for the above recommendation and include all pertinent paperwork and additional documentation used for decision-making.

*Please proceed to the next page to sign and complete your response.*

# Issue Resolution Signature Page

## For Faculty/Staff Use Only

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title of individual reviewing this documentation

Decision:

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Signature of individual reviewing this documentation

Date:

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*Note: Please return all pages and documentation to Tracy Horvath once signed.*

**If the IR was denied by the Division Head, all requests then follow the routing steps outline on the SoE policy website.**

**Curriculum & Standards Decision if Relevant** (complete pg 3 if new information needs to be shared)

Name and title of individual reviewing this documentation

Decision:

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Signature of individual reviewing this documentation

Date:

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**Assistant Dean Decision if Relevant** (complete pg 3 if new information needs to be shared)

Name and title of individual reviewing this documentation

Decision:

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Signature of individual reviewing this documentation

Date:

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