

INSTRUCTOR AND COURSE EVALUATION SYSTEM

FACULTY REQUEST FORM

1 CODE IN YOUR LAST NAME

FIRST INIT. 2 DEPT. NAME

3 CLASS TYPE

Check one only

- Lecture
- Lecture/Discussion
- Discussion/Quiz
- Laboratory
- Seminar
- Team Taught
- Other

OFFICE USE ONLY

SECTION

A	0	0
B	1	1
C	2	2
D	3	3
E	4	4
F	5	5
G	6	6
H	7	7
I	8	8
J	9	9
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
U		
V		
W		
X		
Y		
Z		

OFFICE USE ONLY

DEPT. CODE

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

SPR

DIS. CODE

	1
	2
	3
	4
	5
	6
	7

4 COURSE NUMBER

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

5 NO. OF FORMS REQUESTED

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

6 YOUR RANK

- Teaching Assistant
- Instructor/Lecturer
- Assistant Professor
- Associate Professor
- Professor
- Other

PLEASE COMPLETE INFORMATION IN BOXES 7 (TO THE RIGHT) AND 8-11 (BELOW) BEFORE SELECTING ITEMS OR FORMS ON BACK SIDE.

7 RELEASE INFORMATION

PLEASE DESIGNATE THOSE INDIVIDUALS WHO MAY OBTAIN YOUR RESULTS

- | | | |
|---|-----------------------|-----------------------|
| Incomplete List Of Teachers Ranked | YES | NO |
| As Excellent By Their Students | <input type="radio"/> | <input type="radio"/> |
| University Student Publication | | |
| (automatically adds items)..... | <input type="radio"/> | <input type="radio"/> |
| Department Head, Chp., or other person..... | <input type="radio"/> | <input type="radio"/> |

INDICATE PERSON TO WHOM DATA MAY BE RELEASED

PLEASE COMPLETE INFORMATION BELOW

8 SECTION: _____

10 CAMPUS PHONE: _____

9 DATE NEEDED: _____

11 CAMPUS ADDRESS: _____

CAMPUS ADDRESS: _____

IMPORTANT: YOUR SIGNATURE IS NECESSARY FOR RELEASE
SIGN HERE