

**ANGELO STATE UNIVERSITY
INSTITUTIONAL RESEARCH AND ASSESSMENT**

REQUEST FOR FACULTY EVALUATION FORMS

DATE OF REQUEST: _____ DEPARTMENT: _____

REQUESTED BY: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

COURSE:

TITLE: _____ NUMBER: _____

INSTRUCTOR:

NAME: _____ NUMBER: _____

EVALUATION FORM NEEDED:

NURSING:

- | | |
|--|---|
| <input type="checkbox"/> Unit Instructor Evaluation | <input type="checkbox"/> Course Evaluation |
| <input type="checkbox"/> Student Evaluation of Clinical Facility | <input type="checkbox"/> Tutoring Evaluation |
| <input type="checkbox"/> Evaluation of Skills Laboratory | <input type="checkbox"/> Graduate Course Evaluation |
| <input type="checkbox"/> Student appraisal of Teacher Effectiveness-Clinical | |
| <input type="checkbox"/> AASN Program Graduates Placement Survey | |

OTHER:

- General Course Evaluation
- Business Course Evaluation
- Kinesiology Course Evaluation

NUMBER OF FORMS NEEDED: _____ DATE TO BE ADMINISTERED: _____

SPECIAL INSTRUCTIONS: _____

APPROVED BY: _____ DATE: _____

(Head of Department)

1. *IF EVALUATION FORMS ARE BEING REQUESTED FOR MULTIPLE COURSES WITHIN A DEPARTMENT, THE TOP PORTION OF THIS FORM SHOULD BE COMPLETED, AND A LIST PROVIDING ALL THE INFORMATION REQUESTED ABOVE MAY BE ATTACHED.*
2. *THIS FORM MUST HAVE APPROPRIATE SIGNATURE OF APPROVAL.*
3. *REQUESTS FOR EVALUATION FORMS SHOULD BE SUBMITTED 6 WEEKS BEFORE THE DATE THEY ARE NEEDED.*

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| FOR IR&A USE ONLY: DATE RECEIVED: _____ DATE PRINTED AND SENT TO DEPT: _____ |
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