

**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: Student Evaluation of Clinical Facility Facility # _____
 Student appraisal of Teacher Effectiveness-Clinical

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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