

# SAGINAW VALLEY STATE UNIVERSITY

## FACULTY EVALUATION

### Processing Request

DELIVER TO: INFORMATION TECHNOLOGY SERVICES  
**Drop Box - Library near ITS Support desk**

**\*Required Fields**

\*Year/Term \_\_\_\_ / \_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INSTRUCTOR'S

\*First Name

\*Last Name

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REGISTRATION LINE #: \_\_\_\_\_

\*COURSE NUMBER: \_\_\_\_\_ (ex. ENGL 202-2)

COURSE TITLE: \_\_\_\_\_

\*DAY & TIME CLASS MEETS: \_\_\_\_\_

**FOR PROCESSING USE ONLY**

RETURNED TO (SIGNATURE) \_\_\_\_\_

RETURNED TO (PRINTED NAME) \_\_\_\_\_

DATE RETURNED \_\_\_\_\_

FILE NAME PROCESSED \_\_\_\_\_