

# 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 \_\_\_\_\_