

INSTRUCTOR EVALUATION PROCESSING REQUEST

ARIZONA STATE UNIVERSITY  
University Testing Services  
480-965-7146

Insert this corner  
into Time-Stamper

Dept. Phone Number \_\_\_\_\_ Name of Contact \_\_\_\_\_

Department \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Number of questions \_\_\_\_\_ Approximate Number of Students \_\_\_\_\_

Fall \_\_\_\_\_ Spring \_\_\_\_\_ 1<sup>st</sup> 5-wkSS \_\_\_\_\_ 2<sup>nd</sup> 5-wkSS \_\_\_\_\_ 8-wkSS \_\_\_\_\_ Other \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Remember:**

- Labels in upper left corner of envelope
- 16 pt. Font on all Labels
- Name, Course, Line # on label
- Do not seal or tie envelopes
- Use #2 Pencil
- 1 green form per Department, per box

Processed By \_\_\_\_\_ Date \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_

*UTS*

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