

Dept. _____
Job # _____
Date _____
Staff Initials _____

Evaluation Processing Request Form

(Green X-5 answer sheets must be used for evaluations, unless the dept. is using a custom form.)

DATE:

YEAR Fall Winterim Spring Summer	NUMBER OF PACKETS
	NUMBER OF QUESTIONS
CONTACT PERSON	PHONE/EMAIL

DEPARTMENT (please circle)

Administrative Leadership
 Africology
 AOC
 Architecture
 Art History
 Business
 Comm. Science Disorder
 Communication
 Dance
 Economics
 Educational Policy
 Educational Psychology
 English
 Exceptional Education
 Geography

Geosciences
 Health Sciences
 Human Movement
 Journalism Mass Communications
 Music
 Occupational Therapy
 Political Science
 Psychology
 Residence Life
 Social Welfare
 Sociology
 SOIS (School of Information Science)
 Theatre
 Visual Art

Special Instructions:

FOR OFFICE USE ONLY:

FILE NAME(S)	GREEN X-5/CUSTOM	TIME
DATE PROCESSED	NUMBER SCANNED	
STAFF INITIALS	EDITS	JOB #
SCANNER <input type="checkbox"/> LG <input type="checkbox"/> SM	TOTAL	BOUGHT DISK <input type="checkbox"/>
COMMENTS		

STAGES:

SCANNING	EXCEL	SPSS	SURVEY TRACKER
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File name: _____ Date: _____

LINE	INSTRUCTOR NAME	COURSE NUMBER	SPECIAL CODE	RANGE
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