COURSE EVALUATION SUBMISSION FORM

DEPARTMENT: ____________________________________________

DATE SUBMITTED: _______________ DATE NEEDED BY: _______________

CONTACT (IN CASE OF ANY QUESTIONS): ____________________________________________

TYPE OF FORMS USED:
BLUE STUDENT SHEETS WITH GREEN HEADER SHEETS
GREEN STUDENT SHEETS WITH RED HEADER SHEETS

FOR OFFICE USE ONLY
FILENAME: _______________
No. OF SHEETS SCANNED: ______
JOB NUMBER: _______________

TITLE: (OUTPUT WILL BE TITLED AS INDICATED)

NUMBER OF QUESTIONS ON EVALUATION: _______________

INSTRUCTIONS FOR RETURNING ANSWER SHEETS AND RESULTS: (CHOOSE ONE)

PHONE WHEN READY (SOMEONE WILL PICK UP)? NAME _______________ PHONE _______________
MAIL BACK THROUGH CAMPUS MAIL TO: ____________________________

HEADER SHEET INFORMATION:

NOTE: REFERENCE NUMBER MUST BE CODED IN THE FIRST 5 COLUMNS OF THE IDENTIFICATION NUMBER FIELD ON EACH HEADER SHEET. THE REFERENCE NUMBER IS USED TO PULL INFORMATION FROM THE COURSE DATABASE. OUTPUT WILL NOT BE ABLE TO BE GENERATED UNLESS ALL REFERENCE NUMBERS ARE VALID FOR THE SEMESTER.

REQUESTED REPORTS:

MEAN, STD DEV, FREQ COUNTS FOR EACH QUESTION BY REFERENCE NUMBER
MEAN, STD DEV, FREQ COUNTS FOR EACH QUESTION FOR DEPARTMENT (OVERALL)
ADDITIONAL REQUESTS AS LISTED ON BACK OF SHEET

ADDITIONAL COMMENTS: ____________________________

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