

**OFFICE USE ONLY**  
Ref # \_\_\_\_\_

**UH – West O‘ahu Office of Assessment and Institutional Research  
Course Evaluation Request Form**

**Requestor:** \_\_\_\_\_ **Today’s Date:** \_\_\_\_\_  
**Division/Office:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Phone/Ext.:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_ (min. 5 working days)

**Type of Request:**

- Mid-semester** evaluation
- End-of-semester** evaluation
- Cumulative** evaluation

**Format:**

- Hardcopy (deliverable to campus mailbox)
- Hardcopy (deliverable to mailing address):  
\_\_\_\_\_  
\_\_\_\_\_
- Electronic Copy (emailed in pdf format)

**Name of faculty/instructor/lecturer:** \_\_\_\_\_

	<u>Semester:</u>	<u>Year(s):</u>	<u>Course Alpha &amp; Reference No. (i.e., SSCI 300)</u>
<input type="checkbox"/>	Fall	_____	_____
<input type="checkbox"/>	Spring	_____	_____
<input type="checkbox"/>	Summer	_____	_____

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_  
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**Received by data administrator (initials):** \_\_\_\_\_ **Request Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Received by:** \_\_\_\_\_ **Date received by requestor:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of requestor

<b>Director Approval:</b>  <b>Initials:</b> ____ <b>Date:</b> ____/____/____	<b>Processed by:</b>  <b>Initials:</b> ____ <b>Date:</b> ____/____/____ <b>Time spent:</b> ____:____
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