

OFFICE USE ONLY	
SUBMIT DATE:	
SUBMIT TIME:	
INITIALS:	

Request for Printing Blank Test or Course Evaluation Sheets

INSTRUCTOR NAME:		<input type="checkbox"/> HOLD SHEETS FOR PICKUP
DEPARTMENT:		
INSTRUCTOR EMAIL ID:		<input type="checkbox"/> CAMPUS MAIL TO:
PHONE #:		
SECRETARY NAME:		<i>Please fill out secretary info if this is for a course evaluation.</i>

COURSE ID & SECTION	CRN # (LAST 4 DIGITS)	# SETS PER CRN	# KEYS & WEIGHT / SET	IS THIS A COURSE EVALUATION? (Y/N)

Allow at least 48 hours for delivery through campus mail.
We are not responsible for items sent through campus mail.
It is recommended that test sheets be held for pickup during exam week.

