Today's Date _____________________________________________________

Course instructor _______________________  Course number ___________

Contact person __________________________  Phone __________________

Class (circle one) M1  M2  M3  M4  OD1  OD2  OD3  OD4  Ph1  Ph2  Ph3  PA1
PA1-AD  PA2  OT1  OT2  PT1  PT2  MPH1  D1  D2  D2-INT  D3  D4  PG-1  PG-
2  PG-3  SPECIAL _______________________  

Please indicate your request:

☐ Create evaluation/survey form.
   Please submit a hard copy. Date needed ________________________

☐ Make copies of existing evaluation/survey form. (Please attach copy.)
   Number of copies needed ____________  Date needed _________

☐ Score evaluations or surveys
   Number of copies needed ______  To be given to whom _________

☐ Other requests _______________________________________________