FIS Academic Form 3

**FIS Class Evaluation Request Form**

**Semester \_\_/ 20\_\_**

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| 1. Lecturer Name |  |
| 2. Course Title |  |
| 3. Course Code |  |
| 4. Date and Time |  |
| 5. Topic to be lectured |  |
| 6. Will this evaluation be used in Applying for an Academic Position?  | Yes No |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Lecturer Program Director

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_