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| **Course Evaluation Request Form** | | |
| **To:** | Course Evaluation Services, ICIT |  |
|  | [opscan@uww.edu](mailto:opscan@uww.edu) |  |
| Directions: | * For requests for printing or scanning, complete this request form and the Course Evaluation Class List Form and email both to Course Evaluation Services at opscan@uww.edu | * Include a printed copy of this form when dropping off completed evaluations at the TSC Helpdesk for scanning. |
|  | **Requester Information** | **Additional Contact, If Applicable** |
| **Department:** |  |  |
| **Name:** (Requester is usually the Dept.'s ADA) |  |  |
| **Email:** |  |  |
| **Send reports to these email addresses? Yes/No** |  |  |
| **Phone extension:** |  |  |
| **Semester the evaluations are for:** |  |  |
| **Date request is made:** |  |  |
| **Request for printing AND scanning? Yes/No**  **Yes-** If you have Course Evaluation Services print your evaluations.  **No-** If you supply your own evaluations and are only having them scanned by Course Evaluation Services. |  |  |
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| **Additional Notes:** |  | |