

STUDENT FEEDBACK - COURSE IDENTIFICATION FORM

INSTRUCTIONS

Temple University

1. Please ensure that the information printed below corresponds to the information printed on the outside envelope and on the labels attached to the the Student and Instructor envelopes inside.
2. If the course information is incorrect or incomplete, clearly print the correct information in the Replacement Information column to the right of the information being replaced. Be sure to print all letters and numbers that will fully define the field. For example, to indicate that the evaluations are for section number 002 rather than section 001, print the section number (002) in the Replacement Information column.
3. If the instructor information is incorrect or incomplete, use the Replacement area below each instructor to make corrections. The order that instructors are listed is very important. If only one instructor taught the course, the instructor should be listed as Instructor 1. If 2-4 instructors taught the course, the instructors must be listed in the same order as they were rated by the students on the Multi-Instructor Student Feedback Forms.

To delete an instructor's name, print the word "DELETE" in the Replacement area below the instructor to be deleted. To add an instructor's name, clearly print the instructor's name and TUID in the appropriate instructor Replacement area. To change the name or TUID of an instructor, print the corrected name and/or TUID in the Replacement area below the instructor to be changed.

4. Place this sheet in front of the Instructor and Student envelopes and insert these three items into the outer envelope.
5. Seal the outer envelope and return it to the location specified in the enclosed instruction sheet or the location specified by your professor.

Course Information

Replacement Information (print clearly)

Course Reference Number (CRN):	_____
College-Subject Code:	_____
Campus Code:	_____
Course Name:	_____
Course Number:	_____
Section Number:	_____
Class Enrollment:	_____
Meeting Time(s) and Days:	____:____:____ Days _____ ____:____:____ Days _____
Location:	_____
Number of Instructors:	_____

Instructor Information

Please specify a TUID for each instructor added or replaced.

Instructor 1	Name: _____	Replacement _____	TUID: _____
Instructor 2	Name: _____	Replacement _____	TUID: _____
Instructor 3	Name: _____	Replacement _____	TUID: _____
Instructor 4	Name: _____	Replacement _____	TUID: _____

PLEASE DO NOT WRITE IN THIS AREA

