STUDENT ASSESSMENT OF INSTRUCTION SYSTEM

Use a No. 2 pencil ONLY.
Make no stray marks on this form.
Make solid marks that fill the response completely.

INSTRUCTOR: _____

COURSE #: SECTION #:

NAME OF COURSE:

DEPARTMENT:

ENVELOPE #:_____OF _____ (For Multiple Envelopes)

DEPARTMENTAL DEADLINE: _____

Semester/Year		
Fall	0	0
	1	1
	2	2
Spring	3	3
	4	4
	5	5
Summer	6	6
	7	7
	8	8
	9	9

Office Use Only

Last Name	First Name

Dept #	Course #	Section #

ADDITIONAL INFORMATION	A	B	C	D	E
1					
2					
3					
4					
5					

Please sign, indicating approval.

Instructor's Signature Date

Social Security Number

THE UNIVERSITY OF TENNESSEE
OFFICE OF INSTITUTIONAL RESEARCH AND ASSESSMENT
208 CONFERENCE CENTER BLDG., 4122
974-4373

R16481-PFI-54321