**Fall 2009 – Course(s) to be Evaluated Form**

***Completed Forms are to be returned to your Department Chair by NOV 6th***

Please provide the information requested below for the course(s) that are to be evaluated for the Fall 2009 semester. Full -time faculty are to evaluate a minimum of two (2) courses, and part-time faculty are to evaluate a minimum of one (1) course

|  |  |
| --- | --- |
| **Instructor:** |  |
| **Department:** |  |

|  |  |
| --- | --- |
| **Course Title:** |  |
| **Course Number:** |  |
| **Section Number:** |  |
| **Number of Students Enrolled:** |  |
| **Course Description:** | € Day  € Evening |
| € Monday  € Tuesday  € Wednesday  € Thursday  € Friday |
| **Campus:** | € Middletown  € Newburgh  € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Are you interested in administering the SFF to this course* ***online****?* | € Yes  € No |

|  |  |
| --- | --- |
| **Course Title:** |  |
| **Course Number:** |  |
| **Section Number:** |  |
| **Number of Students Enrolled:** |  |
| **Course Description:** | € Day  € Evening |
| € Monday  € Tuesday  € Wednesday  € Thursday  € Friday |
| **Campus:** | € Middletown  € Newburgh  € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Are you interested in administering the SFF to this course* ***online****?* | € Yes  € No |