## **Carnegie Mellon University**University Registrar's Office

COURSE INFORMATION

## Consent to Evaluate and Release Results for the Faculty Course Evaluation

Students teaching their own courses and wishing to participate in the Faculty Course Evaluation **must** fill out this form. The teaching department should flag the course/section to be evaluated. The department must retain the original document. A copy should be given to the student and a second copy should be scanned and returned to the University Registrar's Office.via email at <a href="mailto:registrar-forms@andrew.cmu.edu">registrar-forms@andrew.cmu.edu</a> for the student's academic record.

Semester:		Year:	
Course Teaching Departme	ent: —————		
Course Section (ex:0000-A1): .	Print legibly or type; please fill out separate forms if teaching multiple course sections.	Course Title: _	Print legibly or type
complete Faculty Course E Department Head and mys Mellon University commun	evaluations. It is also my desire that t self, and that a summary of the same	he full results of t e results, excludin aff, consistent wil	in the above course evaluate my performance an these evaluations be made available to my Dean, g comments, be made available to the Carnegie th the university's practices for disclosing the
to release the results of the which may be deemed to	ne Faculty Course Evaluation and any be personally identifiable information	information there from my student	Mellon University, and those acting on its behalf, ein, including but not limited to any information education records pursuant to the Family protected under other applicable privacy laws.
Student Name:	Print legibly or type		
Student Signature:		Date	

mm/dd/yyyy