



REQUEST FOR EVALUATION

Name: _____
Last First Middle

Course: _____

Major: _____ Minor: _____

Phone: _____ Birth day: _____

Place of birth: _____ Sex: _____

Term and school year expected to graduate: _____

Terms attended *(Indicate the school year under each term)*

First Semester

Second Semester

Summer

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Received by

Date

Student's signature

TEAR HERE

Present this slip to claim your evaluation result.

Date of release of evaluation result will be announced later.

Name

Received by

Date

