

## Class Teaching Schedule

To schedule the in-class evaluations and determine the number of evaluation forms that will be needed, please complete the information below, sign and date, and return the completed form to your Department Chair so that she/he can schedule the evaluations. Please note that when you accepted the nomination, you agreed (1) to allow students in two of your Fall Semester classes, chosen by your Department Chair, to evaluate various areas of your teaching; (2) not to divulge or discuss your nomination with colleagues until after the evaluation; (3) not to inform your classes (**in advance**) that you are being evaluated; and (4) to furnish a schedule of your classes that includes the number of students in each class to your Department Chair.

Class & Section	# of Students	Days & Time(s)	Building & RM#

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return to:      [name and address of Department Chair]