Institution: UIA K  
Course:  
Term:  
Date:  

- Complete one Instructor Information form for each class surveyed and submit for processing with associated student evaluations.
- Please left-justify all entries.
- Using a No. 2 pencil, fill bubbles darkly and completely, and erase errors cleanly.

INSTRUCTOR'S NAME (Last name, Space, First name)  

GROUP  

ACADEMIC RANK  
- Professor  
- Associate Professor  
- Assistant Professor  
- Instructor  
- Lecturer  
- Pre-Doctoral Teaching Associate  
- Teaching Assistant  
- Other

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