

SELF-ADMINISTERED STUDENT EVALUATIONS

Faculty Employee Name

Last 4 digits of SS#

Division/Department

Class/Section completing evaluation

Date

PART B



FOOTHILL-DE ANZA
Community College District

IMPORTANT – PLEASE READ:

Registered Student:

Enclose Original Student Evaluation Forms (Part B written responses), then sign and date the envelope across the seal BEFORE returning it to the Instructor.

Faculty Employee:

Return the sealed envelopes (Part A & B) to your Division Office.