UNIVERSITY OF SOUTHERN MAINE

ACADEMIC ASSESSMENT

REQUEST FOR INDIVIDUAL FACULTY COMPILATION

*** PLEASE NOTE THERE IS A 3-WEEK TURNAROUND TIME.**

DATE REQUESTED _____ **DATE NEEDED** _____

NAME _____ **DEPARTMENT** _____

E-MAIL _____ **PHONE** _____

INDICATE: ☐ **USM Green Evaluations** ☐ **SIR II Evaluations** ☐ **LAC Evaluations**

CALENDAR YEAR TAUGHT	**SEMESTER** (Fall, Spring, Summer)	**FOR EACH COURSE** (Desired in this compilation): **COURSE #** (i.e. SOC 100J)	**CRN #** (i.e. 13000)

PLEASE IDENTIFY ANY OF THE COURSES THAT MAY BE LISTED UNDER ANOTHER FACULTY MEMBER'S NAME.

ATTACH ADDITIONAL SHEET IF NECESSARY.

SEND THIS FORM TO: **Office of Academic Assessment, Scanning Services**
253 Luther Bonney Hall
Portland Campus

CONTACT SCANNING SERVICES AT 780-4713

22AUG08