

## Course Evaluation Exclusion Form

By completing this form and submitting it to the Registrar's Office, you are requesting that a course not be evaluated for the specified semester. All requests must be received by the Registrar's Office no later than the last day to drop a course and must be approved by the department head.

**Term:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Course Call Number:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Day:**

**Evening:**

**Session:** 1 2 3 4 5 6

**Instructor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_