



## REQUEST FOR EVALUATION

Name: \_\_\_\_\_  
Last First Middle

Course: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth day: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Term and school year expected to graduate: \_\_\_\_\_

### Terms attended *(Indicate the school year under each term)*

First Semester

Second Semester

Summer

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature

TEAR HERE

### Present this slip to claim your evaluation result.

Date of release of evaluation result will be announced later.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

