Memorandum

	Т	Depa (Bui	rtment of () Iding, Room) (); Fax: (909) 537-()		
Date:					
To:	Faculty				
From:	(Name), Chair				
Re:	FORM C: Student Opinion of Teaching Effectiveness (SOTE: FORM-C)				
forms approved teaching improved If you are plan complete the re the 5 th Friday of	d by the Facul evement purpo ning on having eply form belo of the quarter).	ty Senate in sees. g your studer ow and return	VEMENT is one of the the 2005-06. It is available for the state of the	or use by faculty for his quarter, please 5:00 pm on (date of	
			u (click SOTE).	te reaching Resource	
	•••••	SOTE: F	ORM C Reply Form		
Faculty Name			Quarter	Quarter/Year:	
Class(es) to be S	SOTE'd using F	ORM C:			
Course	#1 Course nu	ımber	Section number	Code #	
Course	#2 Course nu	ımber	Section number	Code #	
Course	#3 Course nu	ımber	Section number	Code #	

PLEASE RETURN TO (name) BY (date).
THANK YOU!