



Measurement & Evaluation Center  
Learning and Assessment Services

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**Faculty/Course Evaluations**  
**AUTHORIZATION TO RECEIVE COURSE EVALUATION RESULTS**

Department: \_\_\_\_\_

College: \_\_\_\_\_

Person(s) Authorized: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:** (Requires one of the following signatures)

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Approved by:** \_\_\_\_\_  
Signature, Printed Name & Title Date