Quality Advancement Unit

Student Evaluation Authority Form

Date:_____ **Department:** _____

Title of Questionnaire: _____

Questionnaire Date(s): _____

Results to be released to: _____

By signing below you give your consent for the:
1. questionnaire named above to be run and include questions about your teaching, and
2. results of the questionnaire named above to be released to the people listed above.

Names of Each Person Consenting **(please print clearly and provide first and surname)**	**Consenting Signature**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return this form to:

Evaluation Service
Quality Advancement Unit
University of Otago, Dunedin 9054
Tel: 64 03 479 7581, Email: evaluation@otago.ac.nz