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| Logo grey 2Quality 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 Consenting Signature

# (please print clearly and provide first and surname)