

# TA Course Survey Opt-In Request

I, \_\_\_\_\_, who was a Teaching Assistant for the following courses:

<i>Course Number</i>	<i>/</i>	<i>Semester and Year</i>
_____	<i>/</i>	_____
_____	<i>/</i>	_____
_____	<i>/</i>	_____
_____	<i>/</i>	_____
_____	<i>/</i>	_____
_____	<i>/</i>	_____
_____	<i>/</i>	_____

opt-in to allow Eta Kappa Nu to publicly display all past and future teaching evaluations.

Signed, \_\_\_\_\_

Signature Date

\_\_\_\_\_

Print name

\_\_\_\_\_

E-mail address

When completed, please either drop this form off in 290 Cory Hall or 345 Soda Hall, or mail it to:

Eta Kappa Nu  
Course Survey Opt-In Request  
290 Cory Hall  
Berkeley, CA 94720

You may also fax this form to **510-643-7846** with “ATTN: HKN” written across the top.