

Please complete the information in order to give credit to the appropriate Faculty or Faculty Candidate. The order in which Faculty are listed on the form must correspond to the order of the Faculty on the Course Evaluation Form.

Course No. : \_\_\_\_\_ Course Director: \_\_\_\_\_

Number	Name of Faculty (Type or Print)	Faculty Candidate	Last 4 digits of Social Security or Social Insurance #	Instructor No.	Email
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					