

Quartrly ESCI Request

REQUESTS ARE DUE ON MONDAY OF THE 4TH WEEK OF EACH QUARTER

SPECIFY QTR &
SPECIFY YEAR

FALL

WINTER

SPRING

I Need ESCI Packets For the Following Courses:

Instructor's Name: _____ Date: _____

Course #:			
Are you:	<input type="checkbox"/> Teaching	<input type="checkbox"/> Supervising	<input type="checkbox"/> An Associate
# of Students:			
Do you have TAs Assigned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, How many:
Need ESCI packet before the 10 th week, <i>Please specify date</i>			

Course #:			
Are you:	<input type="checkbox"/> Teaching	<input type="checkbox"/> Supervising	<input type="checkbox"/> An Associate
# of Students:			
Do you have TAs Assigned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, How many:
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Are you:	<input type="checkbox"/> Teaching	<input type="checkbox"/> Supervising	<input type="checkbox"/> An Associate
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