

COURSE READER REQUEST FORM

UCB DEPARTMENT OF PSYCHOLOGY

COURSE INFORMATION

Instructor: _____

of enrolled students: _____

Course: _____

of GSI: _____

Term: _____

of Sections: _____

REQUEST INFORMATION

Reader Hours Requested: _____

Date of Request: _____

of Readers Requested: _____

Date Reader(s) Needed by: _____

GRADING DUTIES

Written Assignments: Yes No

of Written Assignments: _____

Due Date(s): _____

Length & Type of Assignment(s): _____

Projects: Yes No

of Project(s): _____

Due Date(s): _____

Types of Project(s): _____

Exams: Yes No

of Exam(s): _____

Exam Dates: _____

Exam Format: Multiple Choice: Y / N

Scantron: Y / N

Short Answer: Y / N

Essay: Y / N

Other: _____

Other: Yes No

Description: _____

APPROVAL (FOR STUDENT SERVICES USE ONLY)

Hours allocated: _____

Readers Assigned: _____

Approved by: _____

Hired by: _____