



Document History

Responsible Administrator: Provost

Responsible Office: Provost

Effective Date: Fall 1998

Approved by: Academic E Tm:i Dai(0pr)BC 4(r)C

4. For

APPENDIX A

SOT REPORTS

Special Circumstances Form

(Optional)

Name: _____ Date: _____

Course: _____

Name	Prefix & Number	Section#	Computer #
------	-----------------	----------	------------

Please provide information below to support factors affecting the results of the SOT. Examples include, attendance, new preparation or experimentation with new teaching techniques, substantial portion of the class requirements not yet complete [research projects, group projects, etc.], the level of the course, students' previous academic preparation for the course, classroom environment, and equipment. Submit completed form to the department head.

Signature