

Request for Use of Grader Form

*(Please submit this form to the administrative secretary
who will give to Area Coordinator/Program Director for approval at the beginning of the term.)*

Name of Instructor _____ **Date** _____

Term	Academic Year	Course Number	Section	# of Students
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer				

Please list course components you propose to have graded.

#	Course Components <small>(e.g. individual assignment, mid-term exam, group project, etc.)</small>	Weighting as percentage of this component <small>(e.g. 25% of final grade)</small>	Estimated # of hours to grade each individual submission
1.			
2.			
3.			
4.			

Total Estimated Hours: _____

Name of Proposed Grader: _____

For Office Use Only	
<input type="checkbox"/> Approved Total # of Hours: _____	<input type="checkbox"/> Not Approved
Comments _____ _____	
AC/Program Director Signature _____ Date _____	