

**Drexel University College of Nursing and Health Professions
Request for Peer Review of Teaching (Course Delivery)**

Instructions:

Please fill out this form to request a confidential Peer Review of your teaching. Be sure to provide all information requested. Email the completed form as directed below. If you have any questions, contact either Joanne or Dana.

On-Site Course: Submit this request to Joanne Serembus (jmf64@drexel.edu)
Online/Hybrid Course: Submit this request to Dana Kemery (dck28@drexel.edu)

Name: _____

Phone: _____ **Email:** _____

Faculty Office: _____ **Department:** _____

Course Number and Name: _____

Term: Fall Winter Spring Summer

Syllabus Attached

If you have synchronous class meetings, please indicate dates and meeting times:

Purpose of Request:

Professional development Promotion Re-evaluation

Other (please specify below)

Are you concerned about a particular aspect of this course or is there anything in particular you would like assistance with?

What is the process for making changes to this course?

Date: _____