

## AP Special Investigation Evaluation Form

				□ FALL T	ERM
				□ SPRING	S TERM
NAME _	last	first	Date_		<u> </u>
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_	home address			office phone	<u> </u>
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Instructor r	nust submit grade at the Facu	ılty Grade Submission site.			
Feedback					
Instructor	Name	Sig	nature		