

FORM B

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

**Faculty Supplemental Comment Form**

5500 University Parkway, San Bernardino, CA 92407-2397

Class Description

Call Number

**Filling out this form is optional.** This form should only be completed in the event of an unusual circumstance(s) that you believe may influence the Student Opinion of Teaching Effectiveness (SOTE) responses in this class. **The faculty member must submit the completed form to Academic Personnel no later than the last scheduled class session of the quarter being SOTE'd. No forms will be accepted after that date.**

To Faculty: Using the space below, please describe the unusual circumstance(s) that you believe may influence the SOTE responses in this class.