**Permission/Acknowledgement ROCK: ENGL102 & 104**

**Permission to Access D2L Gradebook**

I give permission for the Center for Teaching and Learning to access my D2L gradebook for the sole purpose of extracting assignment grades to be used for Rock Studies Assessment. These data will not be linked to me, my course, or to my department except for a record that the section’s assessment data was submitted to the Rock Studies Committee. The assessment results will be used only for the purposes of evaluating the Rock Studies Program and determining how well its student learning outcomes are being met. All data collected will be aggregated with the by Planning, Resource Management, & Assessment before any results are reported to the Liberal Studies/Rock Studies Program Committee/Director or publicized.

Course CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Opt-out D2L for Manual/Alternative Reporting Acknowledgement**

I am opting out of the D2L Rock Studies Assessment Reporting. I acknowledge that I am responsible for submitting assessment results in the format designated on the Rock Studies Assessment Reporting Worksheet for Alternative/Manual Reporting within **three weeks** of the end of the semester to [assessment@sru.edu](mailto:assessment@sru.edu)

The course identification is necessary to ensure that your participation is recorded; the data will be aggregated with the D2L-derived data by PRMA before any results are reported to the Liberal Studies/Rock Studies Program Committee/Director or publicized.

The assessment results will be used only for the purposes of evaluating the Rock Studies Program and determining how well its student learning outcomes are being met.

Course CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_