**Office of Institutional Effectiveness**

**ADM 166 · 678-8281**

**SURVEY AUTHORIZATION FORM**

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| **Date:** |  |

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| **NAME:** |  | | | | | | **DEPARTMENT:** | |  | | | | | |  |
|  | | | | |  | |  | | | | | |  | | |
| **ROOM NUMBER:** | |  | | | | | **EXTENSION NUMBER:** | | | |  | | | |  |
|  | | | | |  | |  | | | | | |  | | |
| **NAME OF SURVEY:** | | |  | | | | | | | | | | | |  |
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| **POPULATION TO BE SURVEYED:** | | | | | |  | | | | | | | | |  |
|  | | | | |  | |  | | | | | |  | | |
| **PURPOSE FOR SURVEY:** | | | |  | | | | | | | | |  | | |
|  | | | | |  | |  | | | | | |  | | |
| **ASSISTANCE NEEDED (check appropriate boxes):** | | | | | | | | | | | | | | | |
| **Construction of Survey** | | | | | **Printing of Survey** | | | | | **Analysis of Survey** | | | | | |
|  | | | | | | | | | | | | | | | |
| **DATES SURVEY TO BE OPEN TO THE RESPONDENTS:** | | | | | | | |  | | | | **TO** | |  |  |
|  | | | | | | | | | | | | | | | |

**The following procedure governs all surveys being conducted at FTCC:**

**The Vice President for Human Resources and Institutional Effectiveness (VP for HR/IE) or Dean of Institutional Effectiveness (IE) will review the survey request and either approve or disapprove.**

**If disapproved, the VP for HR/IE or Dean or IE will provide a written explanation to the person(s) responsible for the survey as to the reason(s) of disapproval.**

**If the survey is approved, then please allow up to two weeks for initial survey set-up and one week (after survey closes) for data analysis.**

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**For Office Use Only**

**Approved**  **Disapproved**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Vice President for HR/IE or Dean of IE

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