**Office of Institutional Effectiveness**

**ADM 167C · 678-8385**

**SURVEY AUTHORIZATION FORM**

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:** |  | **DEPARTMENT:** |  |  |
|  |  |  |  |
| **ROOM NUMBER:** |  | **EXTENSION NUMBER:** |  |  |
|  |  |  |  |
| **NAME OF SURVEY:** |  |  |
|  |  |  |  |
| **POPULATION TO BE SURVEYED:** |  |  |
|  |  |  |  |
| **PURPOSE FOR SURVEY:** |  |  |
|  |  |  |  |
| **ASSISTANCE NEEDED (check appropriate boxes):** |
| **Construction 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 Dean of Institutional Effectiveness (IE) will review the survey request and either approve or disapprove.**

**If disapproved, Dean of 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean of Institutional Effectiveness