**Office of Institutional Effectiveness**

**ADM 167C · 678-8385**

**SURVEY AUTHORIZATION FORM**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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