

## Survey Request Form

*INSTRUCTIONS: Return completed form (please print) via inter-office campus mail to Lenore Benefield, Office of Planning and Institutional Performance, AB5.*

Your Name: \_\_\_\_\_

Administration Preference:

Department: \_\_\_\_\_

Online

Survey Title: \_\_\_\_\_

Paper

Administration dates: from: \_\_\_\_\_ to: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Survey Description:

Use of Results:

Check all those who will be taking the survey:

All Students

Senior

Leadership (Deans, Directors, Chairs)

Freshmen

Graduate

Faculty (full time in unit)

Sophomore

Alumni

Faculty (adjunct)

Junior

Staff

Other \_\_\_\_\_

Do you have a list of specific respondents?

Yes

No