

**Office of Institutional Effectiveness/Assessment
ADM 166 · 678-8281**

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 <input type="checkbox"/>	Printing of Survey <input type="checkbox"/>	Analysis of Survey <input type="checkbox"/>
DATES SURVEY TO BE OPEN TO THE RESPONDENTS: _____ TO _____		

The following procedure governs all surveys being conducted at FTCC:

The VP of Human Resources & Institutional Effectiveness/Assessment will review the survey request and will either approve or disapprove. If disapproved, the VP of HR & IEA will provide a written explanation to the person(s) responsible for the survey as to the reason of disapproval. If the survey is approved, allow up to 2 (two) weeks for initial survey set-up and 1 (one) week (after survey closing) for data analysis.

For Office Use Only

Approved

Disapproved

Comments: _____

Signature: _____
Vice President of Human Resources & IEA

Date: _____