

Request to Administer Survey at Belmont Technical College

Name: _____ Today's Date: _____

Email: _____ Telephone: _____

Department: _____

Date you plan to begin survey: _____

Date you plan to end survey: _____

What is the goal of the survey (what do you hope to learn through this survey)? _____

How will the results be used to inform decision-making? _____

What group(s) do you plan to survey? _____

How do you plan to administer survey (online, face-to-face, mail, etc.)? _____

Where will survey results be shared/reported? _____

Signature: _____

For Review Use

Dean of Institutional Research & Planning: _____

Notes: _____
