University Testing Office
Course Evaluation/Survey Processing Form

Instructor/Individual Name **(LAST)** _____ **(FIRST)** _____

Department/Organization _____ Phone # _____

Subject Code (examples: ENG, ACCT, ELED) _____ Course # _____ Section # _____

E-Mail Address _____

Course Evaluation - ***Check all that apply***

YEAR _____

Semester: Fall _____ Spring _____

Summer I _____ Summer II _____

Type of Forms: SIR II Form's _____ Blue/Green Answer Sheets _____

ID21 Forms _____ Other _____

Note: If you are using Blue or Green answer sheets please attach a copy of questionnaire.

Survey - ***Check all that apply***

_____**Creation of a Survey** *Attach a copy of Questionnaire/Survey and Description of the processing to be done.*

_____ **Scan Survey**

Frequencies and Univariate Statistics:

Mean	_____	Std. Deviation	_____	Std. Error Mean	_____
Median	_____	Range	_____	Skewness	_____
Mode	_____	Variance	_____	Kurtosis	_____

_____ **Raw Data Only** ASCII (*.txt)_____ Excel (*.xls)_____ dBase (*.dbf)_____

Comments: _____

_____

Note: We do not provide courier services for Course Evaluations and Surveys. They should be sent to us by Campus Mail or personally delivered. We apologize for any inconvenience.

For Office Use Only **(University Testing Office ext. 7666)**

Arrival Date and Time:_____

Type of Sheets: BLUE _____ GREEN/BROWN _____ ID21 _____

SIR II _____ OTHER _____