# 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 _____