

CourseEval Request Form

Requestor: _____

Date: _____

Telephone Number: _____

Who will be surveyed? ☐ current students only ☐ faculty only ☐ all current students & faculty ☐ all UAM employees ☐ other (describe below)

Describe the survey below, and attach a list of potential survey questions with the types of responses you want to receive, i.e. Likert scale, etc. You will be contacted by the software manager to provide additional documentation at a later date.

Survey Release Date: _____

Survey Close Date: _____

(Survey release date must be at least two weeks after the request is received.)

APPROVAL:

Unit Head: _____

Date: _____

(Student groups must obtain the signature of the Student Activities Director.)

CourseEval Manager: _____

Date: _____

Academic Affairs: _____

Date: _____