



Institutional Research and Planning

Survey Tracking Form

Please fill in the information below and return to Patrick McDonald in 2 Agassiz.

Name: _____ Ext: _____

Email: _____

Department: _____

Date of Submission: _____

Name of Survey: _____

Date Administering Survey: _____

Length of Survey (Number of Questions): _____

Type of Survey Administration: ☐ Paper- in class ☐ Paper- US Mail ☐ Paper-Campus mail
(Check one) ☐ Email- Medaille IT ☐ Email- Survey Monkey

Purpose of Survey: _____

Student Population: ☐ Undergraduate – Main Campus ☐ Undergraduate – SAGE
☐ Graduate ☐ All

Comments: _____

Signature

VP/Dean/Chair person's Signature

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