

All work is performed on a first come basis. Please fill out all sections.

Information Technology Services Request for Survey/Questionnaire/Evaluations

Center Number:	-		-		
Department:					
School: (please check one) Blair School of Music College of Law College of Arts & Science College of Nursing College of Engineering Graduate School			of Nursing	 Owen Graduate School of Management Peabody College School of Medicine Other 	
Contact Person:				Phone Number	r:
E-mail Address:					
For course evaluations only					
Semester: (circle one)	Fall	Spring	Summer	Maymester	Year:
Name of survey scanning program to be used? (please see the list at the back of this form) What to do with output files? (check all boxes necessary) Print (specify number of copies) There is a \$5 charge for each additional copy.				Individual Report	Departmental Report
E-mail to the e-mail address above					
	Н		onded to all questi sheets in the sam		
Additional Instructions:					
			<u>10t write below</u> th		
# of sheets scanned:	Proce	essed by:		Billed by:	Question filename:

For Course Evaluations: 2. 5 responses, 25 questions For Tennessee Bankers Association: 3. 5 responses, 200 questions (Owen Graduate School) For American Economics Association: 4. AEA Bylaws Changes 5. Allied Social Science Assessment Survey 6. American Econ. Ballot/Info For Health Services: 7. Community Needs For Teaching and Learning Project: 8. COMP For Law School Course Evaluations: 9. Law School 12 Question For MIHOW Project: 10. MIHOW123yrs 11. MIHOW1month 12. MIHOW6month 13. MIHOWinterim 14. MIHOWprenatal For School of Nursing: 15. Nursing Clinical Log 2000 For Student Life: 16. Quality of Life 2000 For Student Health: 17. Student Health Questionnaire 2000 18. StuHlth Routing Sheet 2001 19. Thinkwell 1A For Thinkwell Project: 20. Thinkwell 1B 21. Thinkwell 2A 22. Thinkwell 2B 23. Thinkwell2SPPC21 24. Thinkwell2SPPC3 25. ThinkwellTCHR12 26. ThinkwellTCHR36 27. ThinkwellPRNT 28. ThinkwellPRNT12 29. ThinkwellPRNT36