The Community College Student Report Information Sheet

IPEDS Number:
Sample Packet Number:
College Name:
Campus:
Instructor Name:
Course Full Name:
Course Number:
Section Number:
Course Enrollment:
Course Start/End Time:
Building:
Room:
Beginning Survey Number:
Ending Survey Number:

Please complete the following information:

Survey Administrator Name:

Survey Administered By:  ○ Faculty  ○ Survey Administrator
Faculty Member's Status:  ○ Full-Time  ○ Part-Time

Number of Students in Attendance:

Total Administration Time: in minutes

Administration Date:

Number of credit hours taught this semester by faculty member teaching this class:

Semester system hours:

Quarter system hours:

Signing this form indicates the person who administered the survey read the survey script to the respondents:

Signature of Person Administering Survey: