MIAMI DADE COLLEGE

STUDENT FEEDBACK ADMINISTRATION AGREEMENT FORM
(to be retained by faculty after student signs the form)*

INSTRUCTOR NAME: ______________________________________________________

YEAR-TERM: ____________________

CLASS NUMBER: ________________

COURSE ABBREVIATION AND NUMBER: ________________________________

I ___________________________ agree to assist my instructor in the Student Feedback
Administration process by following the procedures listed below:

• Distribute the answer sheets and questionnaires to the students in this class.

• Collect the materials and place them in the envelope provided.

• Complete Section D of the Student Feedback Identification Form, which is
attached to the Student Feedback packet.

• Deposit the packet at a designated drop box or location at any campus where
the administration is done, IMMEDIATELY following class.

• Deposit the packet as soon as possible in the drop box at any campus, if
administration is done at an off-campus site that does not have a designated
drop-off location.

My signature below indicates that I understand and agree to the above procedures. I also
understand that this agreement form will only be used by my instructor to verify that the
feedback process was conducted.

______________________________________  __________________________
Signature                                      Date

*Faculty member: Keep this form for your records.