

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
(please print)

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.