



BCSSE LOCAL ADMINISTRATION PROCESSING FORM

Institution Name _____

Contact _____
Prefix First Name M.I. Last Name Title/Position

Phone _____ Email Address _____

1. When do classes start this coming fall at your institution (please be specific)? _____
2. Number of surveys enclosed in this shipment for scoring: _____
3. Are the completed surveys in this shipment the *last and final* BCSSE surveys your institution will send us for this year?

Yes _____ No _____ If "No" please indicate when we should anticipate the last and final shipment of BCSSE surveys from your institution.

4. Please describe any unexpected difficulties or challenges you encountered when administering the survey.

5. Other comments regarding administration:

For office use only:

Date rec'd: _____

BCSSE Year: _____

NSSE Year: _____

Institutional Type: _____

SurveyID #: _____ to _____
