

NORFOLK STATE UNIVERSITY

School Of Liberal Arts (SOLA)

Alumni Survey Request Form

Name:	
Department:	
Date Request Submitted:	
Date Report Needed:	
Telephone:	
Fax:	
E-mail:	

Notice: This form must be submitted at least 7 working days prior to the date that the report is needed.

Please place an “x” next to the service that you are requesting.

	Provide alumni survey forms: Number of forms requested: _____
	Scan alumni survey forms. Number of forms submitted: _____
	Tables – including totals, means, and standard deviations
	Crosstabs – including totals, subtotals and percents
	Other(please specify)

Office Use Only

Date request received:	Service completion date:
Received by:	