Survey Request Form

Submitted by: _______________________________

Date: __________

SURVEY INFORMATION:

Title of Survey: ________________________________________________________________

Type of Survey:

____ Online (Survey Select)

____ Paper/Pencil

____ Telephone

(To request a telephone survey, contact the Dean of Institutional Effectiveness. This is a time-intensive process and will require the provision of personnel to conduct the survey.)

Questions to be included in the survey:

Attach a copy of your survey, including any directions/instructions. Be sure to follow the Survey Job Aid and its Guidelines for Surveys. Include response options for each item (or each section). For rating scales, describe each rating (i.e., on a scale of 1-5, what does 1 mean? 2? 3? 4? 5?); for multiple choice, list each response choice. Note if the respondent is allowed to select more than one.

SURVEY ADMINISTRATION:

Whom do you want to survey? (target population/sample—be specific):

NOTE: You must provide email addresses for online surveys and names/addresses for mailed surveys. For mailed surveys, survey requestor is responsible for postage costs.

How many people will be receiving this survey? _________________________

When do you want to survey administered? _____________________________

When do you want the survey closed/responses due by?____________________

To what budget will any costs incurred be charged?________________________

APPROVAL/CONTACT INFORMATION:

Contact Person/Information re: questions about the survey.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Phone Number</th>
<th>Email address (if not on global list)</th>
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Approval of supervisor of target population and/or other appropriate administrator:

I have seen the survey and approve of its administration to the specified target population. I agree to pay any indicated costs of administration (from budget _________) and to be responsible for the survey’s content and the appropriate use of the survey results.

Approved by: _______________________________

Date: __________

Submit completed form and survey draft to Director of Institutional Effectiveness.