Institutional Survey Request Form

Please refer to the Procedure for Administering Institutional Surveys when completing this form.

SECTION A

University Unit requesting survey: ____________________________________________________________

Contact Name: __________________________________________________________________________

Contact Phone: ___________________________ Contact Email: _________________________________

What is the purpose of the survey?

☐ Academic/Research  NOTE: If this option is checked, review by an REB may be required.
                            Check with the appropriate REB before proceeding with this form.

☐ Administrative

Describe the objectives of the survey and how the information collected will contribute to the administrative functions and initiatives of the university.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Who will carry out the administration of the survey?

☐ University unit (specify): ________________________________________________________________

☐ External third-party agency located in Canada (specify): ________________________________

☐ External third-party agency located outside of Canada (specify): __________________________

☐ Other (specify): ______________________________________________________________________

How will the survey be administered?

☐ On-line/electronic—the university’s current approved survey tool

☐ On-line/electronic—other university survey solution

☐ On-line/electronic—third party host site located in Canada

☐ On-line/electronic—third party host site located outside Canada

☐ Non-electronic—paper

☐ Non-electronic—telephone

☐ Non-electronic—in-person/interview
SECTION B

What is the proposed timeframe for the survey? (indicate start and end dates, if known)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Specify the target population(s) for the survey. ________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Where will the contact information for the survey population originate?

☐ Registrar’s Office

*If this option is checked:* Has the Registrar’s Office already been contacted about this survey?

☐ Yes
☐ No

☐ Other university unit/records (specify): _____________________________________________________

☐ Source outside the university (specify): ___________________________________________________

SECTION C

Is assistance from the CIAP office being requested for the administration of the survey?

☐ Yes
☐ No

If Yes, please specify the type of assistance. *(Note: assistance from CIAP is resource-dependent and is not guaranteed at any given time)*

☐ Instrument design/advice

☐ Hosting survey (University’s current approved survey tool)

☐ Administration (including identifying and/or contacting sample)

☐ Analysis and reporting of results

Has the CIAP office already been contacted about providing assistance for this survey?

☐ Yes
☐ No
SECTION D

Describe the measures that will be put in place for the following (refer to the Procedure for Administering Institutional Surveys)

Privacy protection:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Use and access of data and results (include plans for sharing results and with whom):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Will survey results be publicly available? (e.g., posted on website)

□ Yes □ No □ Unsure

Retention and disposal of survey information:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

SECTION E

Please attach copies of the following to this form:
• the proposed survey instrument/questions
• any related documents including a survey invitation or consent form

Name of person completing this form: ______________________________________________________

Signature: ___________________________ Date: ___________________________

Submit completed form to the Centre for Institutional Analysis and Planning (CIAP) in-person or by internal mail (ED-1003, GA Hickman Building), by fax: 709-864-4775, or email: ciap@mun.ca.