

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.

To be completed by CIAP

Date Received: _____

Request Number: _____