

## Analytics & Decision Support Qualtrics Survey Request Form

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*In order to properly and efficiently handle your request, please complete this form with as much information about your survey as possible. Please include a copy of your survey questions for review when returning this completed form. Your project will not be started until all documents have been received. Please return to Pamela Beck by e-mail ([pamela.beck@sru.edu](mailto:pamela.beck@sru.edu)).*

*Thank you.*

Department:
Date of request:
Contact person(s) for survey:
E-mail:
Phone:
Title of survey:
Proposed start date*:
<i>(Must be at least 2 weeks from request date)</i>
Proposed end date:

Have you had your survey approved by the Institutional Review Board? Or confirmed that it does not need to be reviewed by the IRB?

Please explain the purpose of your survey?

Choose the population and specify which college, department, major, class level, etc., you are surveying.

Currently enrolled students

Alumni of SRU

Faculty and staff

Other

If using e-mail addresses to contact respondents, do you need to obtain them?    No            Yes

How will you use the survey data and who will it be shared with?

Will this project become recurring? If yes, how often?    No            Yes

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Department Chair/Supervisor Signature:

Date:

***\*Every attempt to process your survey within the requested time frame will be made; however, depending on the current volume of requests your start date may need to be altered. We will contact you if this will need to be done.***