

## Survey Proposal Form

Name:

Department:

Email:

Phone:

Faculty/staff sponsor: (If requester is a student):

1. What is your proposed survey's title?

2. Who will be administering the survey?

3. What population will be surveyed?

4. We will survey:        the entire population                    a sample population

5. When will the survey be administered?

Begin date:

End Date:

6. Why are you conducting this survey? What are your research questions?

7. How will you administer the survey? (E.g., electronically, in-class, by mail)

8. Will survey recipients' identifying and contact information (e.g., name, email address, mailing address) be needed from IR or IT to administer the survey?

Yes        No        (if yes, please explain)

9. How will respondents' confidentiality be maintained?

10. Who will conduct the data analysis?

11. To whom will the results be disseminated, and how will the findings be used?

12. Will this be a one-time survey or will it be administered on a cyclical basis? If it is cyclical, when will it be administered?

13. Is there anything more about the survey that you would like to tell us?

***Please submit the completed form to Sylvia Gibson, Executive Director of Institutional Research, [Sylvia.Gibson@centralaz.edu](mailto:Sylvia.Gibson@centralaz.edu).***