

EXHIBIT A: SURVEY POLICY REQUEST FORM

Complete and return to Edward Goralski (egoralski@pace.edu) at least 8 weeks prior to proposed survey administration date. Attach a copy of the proposed survey (Word format) to this form

Date: _____

Name: _____

Department: _____

Campus Phone: _____

Campus Email: _____

Survey Title: _____

What group or groups do you plan to survey? Be specific regarding campus, college, status, etc.

How will the survey be distributed? _____

Proposed dates of administration: _____

Are the results confidential? How will the confidentiality or anonymity of those being surveyed be assured? _____

Describe the general scope or purpose of the survey (what do you wish to learn from the results):

How will the data collected be used? What will you do with the information after you analyze the data?
What is the timeframe to implement any changes?

Who will be analyzing the results and producing the final report? Who will the final results be shared with? _____

ADDITIONAL APPROVALS

Human Resources: _____

Date: _____

Enrollment Mgmt: _____

Date: _____

Alumni/Parent Relations: _____

Date: _____

Provost's Office: _____

Date: _____

Other: _____

Date: _____

FOR OPAIR USE ONLY:

Comments/Feedback/Next Steps: