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**SURVEY RESEARCH PROPOSAL FORM**

**REQUESTS FROM PARTIES INTERNAL TO RIC**

*Date:*

**About the Project Manager**

*Name:*

*Title:*

*Affiliation with Rhode Island College:*

*Telephone:*

*E-Mail:*

**General Information about the Project**

**RIC Sponsor** (Required for surveys conducted for administrative purposes by RIC administrators/staff only)

*Name & Title:*

*Telephone:*

*E-mail:*

IRB review is:

\_\_\_ not applicable

\_\_\_ under review

\_\_\_ approved: Project #\_\_\_\_\_\_\_\_\_\_ expiration date: #\_\_\_\_\_\_\_\_\_\_

A. Title of the project for which this survey is to be conducted:

B. Research question(s) survey will help you answer:

C. How will answers to these questions help you or others at the college better understand something about your unit and its effectiveness, address an operational issue, and/or contribute to the college’s mission/strategic plan?

D. Why is a survey the best strategy for gathering the information you need to address your research question? Have you considered other means of gathering information?

**Target Populations and Administration**

A. Who is the target population and research sample for the survey? Please note the characteristics of the population and whether your research sample will include the entire population or only a selected sample (*Example: All full-time undergraduate students enrolled in the fall semester with a major in the School of Nursing*).

B. What kind of information do you need on the target population to select a sample, administer the survey, etc. (e.g., email address, major, RIC id, etc.)?

C. How will you administer the survey? Please indicate both the format of the survey and how it will be distributed to your sample (*Examples: This will be a paper survey that is distributed to students at an event; this will be an electronic survey that is distributed to the population via e-mail*).

D. Will you be using any incentives to encourage participation in the survey? If so, please describe.

E. Do you require any resources from the college (staff time, facilities, technology, etc.) to conduct your survey? If so, please specify.

**Timing of the Survey**

A. When will the survey be administered (please provide as exact dates as possible)?

B. Is this a one-time survey or a recurring one? Please describe.

**Use and Dissemination of Results**

A. How will you use the results?

B. How do you plan to share the results (examples: in a formal report, on your website, at a meeting, etc.)?

C. With whom will you share the results? Please indicate whether you plan to share the aggregated results with those who responded to the survey.

**For Office Use Only**

**APPROVED**

*Signature:*

*Date:*

**APPROVED WITH REVISIONS**

*Signature:*

*Date:*

**REJECTED**

*Signature:*

*Date:*