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: