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**OFFICE OF INSTITUTIONAL RESEARCH**

**Survey Request Form**

**For St. John's Personnel and Students ONLY:**

Please complete this Survey Request Form if you would like to administer a survey to St. John's students, faculty, or staff. Please make sure to submit your request by **August 15** if you would like to administer your survey during the Fall semester and by **December 7** if you would like to administer your survey during the Spring semester.

NOTE - Completion of this form does not guarantee project approval or approval of preferred dates.

**Date: *Click or tap to enter a date.***

**CONTACT INFORMATION: (**\* **= Required)**

**Name**\***: *Click or tap here to enter text.***

**Department/Office**\***: *Click or tap here to enter text.***

**Title**\***: *Click or tap here to enter text.***

**St. John’s E-mail**\***: *Click or tap here to enter text.***

**Phone**\***: *Click or tap here to enter text.***

**Role at St. John’s: *Choose an item.***

**School/College: *Choose an item.***

**Please tell us about your survey project and the characteristics of the group(s) you would like to sample:**

1. **Proposed Survey Title: *Click or tap here to enter text.***
2. **Has your research project received approval by the Institutional Review Board (IRB)? *Choose an item.***
   1. **If you have not received IRB approval, please explain:**

***Click or tap here to enter text.***

1. **What is your IRB application number? *Click or tap here to enter text.***
2. **What are you trying to find out with your proposed survey? *Click or tap here to enter text.***
3. **Type of Assistance *(check all that apply)*:** 
   1. **Survey Selection: *Choose an item.***
   2. **Survey Design: *Choose an item.***
   3. **Survey Methodology: *Choose an item.***
   4. **Sample Selection: *Choose an item.***
   5. **Data Analysis: *Choose an item.***
   6. **Reporting: *Choose an item.***
   7. **Other *(please specify)*: *Click or tap here to enter text.***
4. **Population to be surveyed *(check all that apply)*:** 
   1. **Students: *Choose an item.***
   2. **Faculty (full-time): *Choose an item.***
   3. **Faculty (part-time): *Choose an item.***
   4. **Administrators: *Choose an item.***
   5. **Staff: *Choose an item.***
   6. **Alumni: *Choose an item.***
   7. **Other *(please specify)*: *Click or tap here to enter text.***
5. **Campus (check all that apply): *Choose an item.***
   1. **Queens: *Choose an item.***
   2. **Staten Island: *Choose an item.***
   3. **Manhattan: *Choose an item.***
   4. **Hauppauge: *Choose an item.***
   5. **Rome: *Choose an item.***
   6. **Paris: *Choose an item.***
   7. **Limerick: *Choose an item.***
6. **Student Residence Status (if surveying students): *Choose an item.***
7. **Student Type(s) *(check all that apply)*:** 
   1. ***Freshmen: Choose an item.***
   2. ***Sophomores: Choose an item.***
   3. ***Juniors: Choose an item.***
   4. ***Seniors: Choose an item.***
   5. ***Graduate: Choose an item.***
   6. ***Law: Choose an item.***
   7. ***Other (please specify): Click or tap here to enter text.***
8. **Schools/Colleges to Sample:** 
   1. ***St. John’s College of Liberal Arts and Sciences: Choose an item.***
   2. ***School of Education: Choose an item.***
   3. ***Collins College of Professional Studies: Choose an item.***
   4. ***Tobin College of Business: Choose an item.***
   5. ***College of Pharmacy and Health Sciences:* *Choose an item.***
   6. ***School of Law: Choose an item.***
9. **Survey will be administered to: *Choose an item.:***
10. **Estimated Sample Size: *Click or tap here to enter text.***
11. **How will the survey be administered (check all that apply):**
    1. **Online/E-mail: *Choose an item.***
    2. **Paper (in person): *Choose an item.***
    3. **Paper (mail): *Choose an item.***
    4. **Telephone: *Choose an item.***
    5. **Face-to-face interview/focus group: *Choose an item.***
    6. **Other: *Click or tap here to enter text.***
12. **Requested date of survey administration: *Click or tap to enter a date.***
13. **Raw data and/or results needed by: *Click or tap to enter a date.***
14. **In addition to the "overall" number of responses and frequencies for each question on your survey, are there any subgroups for which you would also like us to provide the number of responses and frequencies? (Check All That Apply)**
    1. **Responses by Gender: *Choose an item.***
    2. **Responses by Campus: *Choose an item.***
    3. **Responses by School/College: *Choose an item.***
    4. **Other *(please specify)*: *Click or tap here to enter text.***
15. **I would like to receive *(check all that apply)*:**
    1. **Overall Results (response totals/frequencies): *Choose an item.***
    2. **Executive Summary: *Choose an item.***
    3. **Detailed Report (response rates and frequencies by specific subgroups): *Choose an item.***
    4. **Raw Data (.xlsx or .csv file): *Choose an item.***
    5. **Other *(please specify):* *Click or tap here to enter text.***
16. **Where do you plan to share the results/findings from the survey?**

***Click or tap here to enter text.***

1. **Will any third-party entities or institutions have access to the data from your survey? Will your data be accessible to anyone outside of the St. John's community? If so, please specify the entities or institutions and the reasons for their access to the data.**

***Click or tap here to enter text.***

1. **Is the proposed survey your own work or is it copyrighted material?**

***Choose an item.***

1. **Please explain your answer to the previous question. If you are using copyrighted material, please explain the conditions of use.**

***Click or tap here to enter text.***

1. **Are there any additional comments you would like to make?**

***Click or tap here to enter text.***

Please e-mail your completed Survey Request Form to Dr. Veronica Cava at **cavav@stjohns.edu**. Please include the following items with your survey request.

1. Copy of your survey instrument
2. Copy of your IRB application and approval

Dr. Veronica Cava

Assistant Director

Office of Institutional Research

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