

Survey Request Form

Office of Institutional Effectiveness

Research Unit

619.216.6686

Contact Information

Date

Name

Email Contact

Department/Unit/School/Program

Phone Number

What is the ultimate goal of your survey?

Reason for request (the ultimate use of your survey) NOTE: Survey results will be provided for this purpose only. You must receive written approval to use these survey results for any purpose other than that which is stated here. Contact the Office of Institutional Effectiveness.

Rationale for request: How will this survey support Southwestern College's mission, vision, goals, or values?

Indicate which strategic priorities are in alignment with this survey request. *(check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Student Access | <input type="checkbox"/> Financial Resources & Development | <input type="checkbox"/> Economic, Workforce & Community Development |
| <input type="checkbox"/> Student Success | <input type="checkbox"/> Organizational Effectiveness | <input type="checkbox"/> Institutional Technology & Research |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other | |

Parameters of Survey Research:

Who is the target population? *(Who will be invited to respond to the survey?)*

How will the survey be administered? *(check all that apply)* Provide the rationale for your selected method of administration.

- | | |
|--|--|
| <input type="checkbox"/> Online via Internet | <input type="checkbox"/> On paper <i>(in this location or setting):</i> <input type="text"/> |
|--|--|

Timeline: fill in tentative date ranges. Actual timeline could vary and should be coordinated with the Office of Institutional Effectiveness.

Survey design (*allow 2 weeks minimum*)

Pilot test (*allow 2 weeks minimum*)

Conduct survey (*time varies by survey*)

Compile data (*allow 1 week minimum*)

Report results (*allow 3 weeks minimum*)

Please describe the information that you need to collect. All items should be aligned with your survey goal. This information will be used to create the survey questions. *If additional space is needed please attach another sheet.*

Name/Signature of Requestor

Date

Name/Signature of Department Chair

Date

Name/Signature of Dean or Manager

Date

If you have any questions regarding this process, please contact Linda Hensley, Director, Institutional Research, Grants and Planning, at 619.216.6686 or lhensley@swccd.edu.

Internal office use only

Date received: _____

Assigned to: _____

Results reported: _____

Date completed: _____

Request cancelled: _____

Other: _____