

ADMINISTRATIVE SURVEY REQUEST FORM

Title of the survey	
Initiating organization (NU/ private entity name/ school name)	
Initiating unit/department	
Contact person's:	
Name (First, Last)	
Email	
Phone number	
Main research question or purpose of the survey project	
Reason/rationale for conducting the survey	
Why is a survey the best approach for investigation of this issue?	
Why is the initiator in the best position to conduct this survey?	
Target population to be surveyed (Undergraduate and/or Graduate students, faculty, staff, other – please indicate whether the whole population or a sample/subset is to be surveyed)	

How the safety of survey data will be ensured? (Is survey anonymous or confidential? Who will have access to raw survey data and conduct the analysis?)	
Preferred administration dates	Start date (DD/MM/YYYY) <input data-bbox="1084 474 1334 548" type="text"/> End date (DD/MM/YYYY) <input data-bbox="1084 556 1334 630" type="text"/>
How will the results and key findings be used?	
A description of any planned incentive program for respondents <i>(if applicable)</i>	
Other information, if necessary	