



The Office of Institutional Research

Survey Request Form

Name: _____ Title: _____

Department/ Unit: _____ Email: _____ Phone: _____

1. Title of the Survey: _____

2. Purpose of Survey: _____

A detailed description of the survey including the intended use of the information

3. Target Population: _____

Please be specific (e.g., all levels of students, undergraduates only, faculty, staff, etc.):

4. KPIs Aligned with the University or with the Unit Strategic Planning:

1. _____

2. _____

3. _____

5. Has the IR office administered this survey for you in the past? Yes No

In the affirmative, please provide the date when this survey was last administered? _____

6. Survey Services Requested from the IR Office (*check all that apply*):

Develop or Design a new survey

Administer the survey

Please select the survey administration method(s):

Online Scan Hard Copy Telephone

Survey Questions: Please attach the list of questions that you want to include in the survey, if any, in electronic format (e.g. Word document) along with this request form. Otherwise, the Office of IR will assist you in developing your survey.

7. Reporting Survey Results (*check all that apply*):

IR will provide raw data for your own analysis
IR will analyze data and provide you with a statistical report
Other _____

8. Survey Timeline: Start Date _____ End Date _____

9. Deadline to Deliver Requested Product _____

_____ *Requestor Name* _____ *Date* _____ *Signature*

_____ *College Dean/VP* _____ *Date* _____ *Signature*

_____ *Chair, Institutional Survey Review* _____ *Date* _____ *Signature*
Committee

Please return the completed form to:

Office of Institutional Research

Email: VPIP-D-SURVEYS@qu.edu.qa

A member of the IR staff will contact you in the next three to five days to further discuss your survey request.