

**SAN DIEGO MESA COLLEGE
OFFICE OF INSTRUCTIONAL SERVICES, RESOURCE DEVELOPMENT, AND RESEARCH**

Request for Survey Research

All requests for survey research, including those to District Institutional Research and Planning, are processed through the Office of Instructional Services, Resource Development, and Research. Please complete this form and return it to Yvonne Bergland, Ph.D., Dean, Room A-109. Please also contact Dean Bergland at (619) 388-2509 to schedule a meeting to discuss and refine your request. In order to have your request processed, you will need to review and sign the Guidelines for Implementing the Research Planning Agenda (GIRPA) at <http://www.sdmesa.edu/instruction/research/pdf/DataSensitivityGIRPALatest3-08.pdf>.

NAME: _____ DATE: _____

SCHOOL/DEPARTMENT/UNIT: _____

1. What is the ultimate goal of your survey?

2. Reason and rationale for request: *To assist us with the processing of your request, please state the reason for your request and then choose and specify the rationale(s).*

a) Reason for request, i.e., the ultimate use of your survey results. Survey results will be provided for this purpose only. To use the results for any purpose other than that which is stated here, you will need to obtain written approval from the Office of Instructional Services, Resource Development, and Research. _____

b) Rationale and explanation: *Choose one or more of the following and explain in the space provided.*

Mesa mission statement _____

Current Mesa goals and objectives _____

Other, e.g. Program Review, school or department goals, accreditation, licensure requirement, Title 5, Mesa Research Agenda, or Educational Master Plan _____

3. Parameters of survey research:

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

b) How will the survey be administered? *Please select one or both of the following methods of administration.*

___ Online via Internet

___ On paper in this location or setting : _____

Please provide the rationale for your selected method of administration _____

4. Timeline: *Please fill in tentative date ranges in this format: mm/dd/yy. Actual timeline may vary contingent upon the schedule of the Research Office.*

a) ___/___/___ - ___/___/___ Design and construction of survey (Allow minimum of 2 weeks)

b) ___/___/___ - ___/___/___ Pilot test (Allow minimum of 2 weeks)

c) ___/___/___ - ___/___/___ Conduct survey (Varies by survey)

d) ___/___/___ - ___/___/___ Compile data (Allow minimum of 1 week)

e) ___/___/___ - ___/___/___ Report results (Allow minimum of 3 weeks)

5. Please attach a separate sheet of paper listing the information you will need to collect. Please ensure that all items are aligned with your Survey Goal. Your list will be used to create the survey questions.

(* I have read and agree to the conditions outlined in the "Guidelines for Implementing the Research Planning Agenda" (GIRPA).
A signed and dated copy of this document is attached to this Request for Research Report.

(* Name/Signature of Requestor

Date

Name/Signature of Department Chair

Date

Name/Signature of Dean or Appropriate Manager

Date

FOR OFFICE USE ONLY:

Request Completed At Mesa

Request Sent to District

Processed by: _____

Date Processed at Mesa: _____

Date Sent to District: _____

8//2008