University at Buffalo Survey Request Form

Survey Author/Requestor Information

First Name	
Last Name	
Title	
Department	
Email Address	
Phone	

Survey Title

Does your survey require IRB approval?

○ Yes ○ No

What is the purpose of conducting the proposed survey?

How will the survey results be reported (including availability of summary information for survey respondents and members of the UB community?

How frequently is the proposed survey conducted?

- ◯ One-time administration (non-recurring)
- ◯ More than once a year
- ◯ Once a year
- ◯ Every other year
- ◯ Other (describe)

If this survey has been administered previously, please provide examples of decisions that were informed by the survey results and describe how those results and resulting decisions are incorporated into your unit's assessment plan.

How will the survey be administered?

- ◯ Web (thru email invites)
- ◯ Web (thru generic web link)
- ◯ Paper/pencil survey
- ◯ Phone
- ◯ Other (describe)

Indicate the estimated time required for the respondent to complete the survey (in minutes)?

How will invitation and reminder emails (if any) be sent?

- ◯ Directly from a UB email account, by the survey author/requestor
- ◯ From a non-UB email address
- ◯ From software platform
- ◯ No email messages will be sent

Describe the population you are requesting to solicit for the proposed survey (sample size and categories)?

Indicate if you are requesting to sample more than 33% of any of the following populations?

Note: Requests to survey total populations or more than 33% of any population will only be approved rarely and must be approved by the University Survey Review Group. Please supply a statistical or logical justification of the population size.

To reduce oversampling and survey fatigue, survey authors are encouraged to solicit the smallest sample size possible to yield the actionable data required.

- ☐ This project is not seeking to survey 33% or more of any population
- ☐ Students
- ☐ Faculty
- ☐ Staff
- ☐ Alumni

Indicate statistical or logical justification of the population size below:

Indicate the level of anonymity/confidentiality for the proposed survey?

- ◯ Completely Anonymous – Survey respondents cannot be identified in any way. Tracked email notifications are not used in the survey tool, so reminders and incentives are not possible.

- ◯ Partly Anonymous but Confidential – Traced email notifications are used in the survey tool so the survey authors know who has responded to the survey, but the survey tool does not match the respondent's identity to survey answers in any way. This is useful for anonymous surveys that require awarding a prize incentive.

- ◯ Not Anonymous but Confidential – Identities of survey respondents are tracked by the survey tool and the survey author can match identities to survey answers. Survey authors agree to remove identifying information to keep identities confidential.

- ◯ Not Anonymous and Not Confidential – The identity of respondents is known and may be included in reported results.

Provide your preferred survey administration windows for a 7- to 21-day period that the proposed survey would be administered.

Note: Dates will be set on a first come, first serve basis.

	Year	Month	Day
Preference #1 **Start**	yy-mm-dd		
Preference #1 **End**	yy-mm-dd		
Preference #2 **Start**	yy-mm-dd		
Preference #2 **End**	yy-mm-dd		
Preference #3 **Start**	yy-mm-dd		
Preference #3 **End**	yy-mm-dd		

Do you have any questions for the UB University Survey Review Committee?

Upload the following documents.

Survey requests will not be considered unless all applicable documentation is provided.

- Survey Instrument
- Email invitation/reminder narrative (if applicable)
- IRB approval (if applicable)

By submitting this form,

- ✓ I agree to adhere to all relevant university, state and federal policies concerning surveys and/or the use of protected information.
- ✓ I agree to not release any individual data protected under the Family Educational Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPA).
- ✓ I understand that I may be required to sign a data sharing agreement once my survey request has been approved.
- ✓ If the survey is confidential as indicated above, I will maintain the confidentiality of individual responses and their answers to the survey.

Further, I understand that by violating policy I may face disciplinary actions from the University at Buffalo.

☐ I agree.

Submission instructions

Please review your responses carefully before submitting this form.

1. Complete all fields on the form.
2. Save a copy of the document to your own workspace. (Filename: UBSurveyRequest_subject_date)
3. Upload the file and all required supporting documents to the UB Box link: UB Survey Review Box

Please note: Your submission will not be considered complete until both the form and all supporting documents have been uploaded to the UB Survey Review box folder.

If you have any questions or encounter technical issues, please contact:

Melinda Whitford, PhD
mmr6@buffalo.edu