

Georgia State University

Office of Institutional Effectiveness Survey Recruitment Approval Form

Application Date:				
Survey/Project Title:				
Primary Contact of Survey(s)/Principal Investigator:				Email:
Your <u>primary role</u> in the survey at GSU (select one):	___ Administrator	___ Faculty	___ Staff	___ Student
If your <u>primary role</u> is student, please indicate your faculty or staff sponsor's name:				

Project Information:

Please briefly describe your survey/project (e.g., research goals, how results will be used, etc.):

Please describe your survey population (e.g., 18 years old or older, first-year students, enrolled in certain courses, etc.):

Please describe your survey period (launch date, closure date, & frequency of your reminders):

Will you plan to share your data results in a public setting (e.g., publication, conference presentation, website, etc.)? ___ Yes ___ No

If yes to the question above, have you obtained an IRB approval?	___ Yes	___ No
	___ N/A, please explain:	

Home Department & College/School/VP Office Approvals*

Department Chair/Department Director Name (Print):	Signature:	Date
VP/AP Office/Dean's Office Name (Print):	Signature:	Date

*By signing this application, you approve that the principal investigator's survey research.

**Principal Investigator must provide all the documents needed to Office of Institutional Effectiveness for approval.

Office of Institutional Effectiveness Approval

Survey Recruitment Approval:	___ Yes	___ No
Associate Provost for Institutional Effectiveness (Print):	Signature:	Date
Office of Institutional Research Survey Team Coordinator:		Date
Note:		