

Western Illinois University Survey Population Request

To be used by WIU faculty and staff to request survey distribution via Qualtrics.
*After sending your survey to the Survey Administrator at survey@wiu.edu,
please obtain the appropriate signatures and forward this form to A.I.M.S., Sherman Hall 212*

Contact Person: _____ Telephone: _____

Email: _____

Department: _____ Today's Date: _____

IRB Status (please check one below):

Approved (list approval number) _____ In approval process _____ Exempt _____

WIU Authorized Signature: _____
Print Name

Population to include (check all that apply):

Students Faculty Staff
Macomb Campus Macomb Extension Quad Cities Campus QC Extension
Other (please describe): _____

Survey data required:

First Name Last Name Email
Other (please list and justify need): _____

Additional Comments: _____

Requested survey distribution date (allow 5-10 working days): _____

Document must be approved and signed by area Vice President and then submitted to the Vice President for Academic Affairs for approval.

Signature of area Vice President	Date	Approval Yes / No
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Signature of VP for Academic Affairs	Date	Approval Yes / No
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