

Sample Survey Cover letter

Date

Dear Participant:

My name is <**insert your name**> and I am a graduate student at Central Michigan University. For my final project, I am examining <**insert purpose of the project>.** Because you are <**insert selection criteria, such as participated in a specific program, work for a specific company or in a department, etc.**>, I am inviting you to participate in this research study by completing the attached survey.

The following questionnaire will require approximately <**insert amount of time>** to complete. There is no compensation for responding nor is there any known risk. In order to ensure that all information will remain confidential, please *do not* include your name. Copies of the project will be provided to my Central Michigan University instructor and to <**insert other appropriate titles, such as, Superintendent, director of X program or commanding officer**>. If you choose to participate in this project, please answer all questions as honestly as possible and return the completed questionnaires promptly <**insert method of return, such as, interoffice mail, drop box located in X location or provided stamped** envelope>. Participation is strictly voluntary and you may refuse to participate at any time.

Thank you for taking the time to assist me in my educational endeavors. The data collected will provide useful information regarding <**insert information about how the data will be** used>. If you would like a summary copy of this study please complete and detach the Request for Information Form and return it to me in a separate envelope. Completion and return of the questionnaire will indicate your willingness to participate in this study. If you require additional information or have questions, please contact me at the number listed below.

Please note that if you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the MSA Program by calling 989-774-6525 or addressing a letter to the MSA Program, Rowe 222, Central Michigan University, Mt. Pleasant, MI 48859.

Sincerely,

(Student’s Name)

(Student Phone Number and/or e-mail address)

(Instructor’s Name)

(Instructor’s Phone Number and/or e-mail address)

Detach here

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*(This request for information form is an optional part of the cover letter and is not required for RRA approval.)*

**Request for Information**

Please send a copy of the study results to the address listed below.

Name:

Address:

**Please do not return this form with your survey.** Return to: <**insert your name and address or e-mail address**>