**CCWS Survey Data Request Form**

This form helps us better understand the nature of your request. Completed data requests are submitted by email to Sean Ruby, Data Analyst, Campus Wellness (scruby@uwaterloo.ca). Once submitted, the Data Analyst may reach out to obtain additional information or clarification.

General questions about the Campus Wellness Satisfaction Survey can be directed to Sandra Gibson, Manager, Health Education and Promotion, Campus Wellness (sandra.gibson@uwaterloo.ca).

|  |  |
| --- | --- |
| **Date:** |  |
| **Full Name:** |  |
| **Department/Office:** |  |
| **Email Address:** |  |

**Desired Data**

Please describe in detail the data you need, including survey questions, and any selection criteria such as program, student, characteristics etc.

|  |
| --- |
|  |

**Purpose of Request**

Please describe how you plan to use the data.

|  |
| --- |
|  |

**Desired Completion Date**

Please note that the nature and complexity of the survey and other commitments may impact request completion date. Every effort will be made to process your request in a timely manner.

|  |
| --- |
|  |