Sample Survey Cover Letter

Dear \_\_\_:

**Purpose of the study**:

This study is being conducted by (researcher’s name and faculty/student status) of the Department/School/College of \_\_\_ at the Lincoln University in order to better understand (research topic). This research will help (who?) to better understand how (process of issue being investigated). In (when?) I plan to publish/distribute results of this study that focus on (what?) based on the data provided by survey respondents.

**Description of the survey procedures and approximate duration of the study**:

I would greatly appreciate your completing the enclosed (instrument) and returning it (how?). Since the validity of the results depend on obtaining a high response rate, your participation is crucial to the success of this study. The (describe data collection process) which will focus on (research topic), and this (data collection process) will take approximately (length of time) to complete.

**Description of how confidentiality will be assured and the limits to these assurances, if any:**

Your return of (instrument) indicates your consent to participate in this study. Please be assured that your responses will be held in the strictest confidence, and (describe how respondents’ surveys are identified, and if for the purpose of non-response only). As soon as I receive your completed survey, (describe data entry and identification protection processes). All (instruments) will be (stored for \_\_ length of time, or destroyed immediately) after the data are recorded. If the results of this study were to be written for publication, no identifying information will be used.

**Anticipated benefits resulting from this study**:

The potential benefits to you from participating in the study are (describe benefits). The study may be helpful to increase your understanding of (issue being investigated).

The potential benefits to science and humanity that may result from this study are (describe benefits). This study will provide information to (intended audience of research results) to help them (intended outcomes of the research results). Respondents will have the opportunity to receive feedback regarding the study results (describe process).

**Contact information**:

If you have any questions about this study, you can contact the person(s) below:

Name of Principal Investigator Name of Supervisor (if PI is a student)

Department/School Department/School

Lincoln University Address

1570 Baltimore Pike 19352-0999 City/State/Zip

Telephone numbers Telephone numbers

e-mail addresses e-mail addresses

This study has been reviewed and approved by The University of Arkansas-Little Rock's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies.  If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions regarding your rights as a research subject, please contact Institute Review board at 484-365-8000 or [Lu-rb@lincoln.edu](mailto:Lu-rb@lincoln.edu).

I hope that you will be able to participate in this study.

Sincerely,