



INSTITUTIONAL RESEARCH

Information Request Form

Contact information: (760) 245-4271 ext. 2648, Admin. Annex, claimr@vvc.edu

Requestor Information	Name:	Date of Request:
	Phone w/ ext.:	Date information is needed:
	Email:	Date received in research office:
	Location on campus:	

Supervisor signature: _____

Helpful Indicators for Creating Requests

(After answering the following questions, describe your request in sentence format below.)

Who is your sample?

Students Faculty Staff Community Other _____

Where to find your sample?

Department _____ Discipline _____
 Course Section Collegewide State City Zip code High school
 Other _____

Time Frame

Summer Fall Spring Years _____ - _____ Dates from _____ - _____
 Fiscal year (July 1st - June 30th) School year (Fall to Summer) Calendar year

Knowledge gained from sample

<input type="checkbox"/> Gender	<input type="checkbox"/> Headcount (duplicated)	<input type="checkbox"/> Grade distribution
<input type="checkbox"/> Race/Ethnicity (provide example)	<input type="checkbox"/> Headcount (unduplicated)	<input type="checkbox"/> Degrees/certificates
<input type="checkbox"/> Age (provide example)	<input type="checkbox"/> Retention	<input type="checkbox"/> Success rate
	<input type="checkbox"/> Persistence (please circle one)	
	<u>term to term</u> or <u>year to year</u>	

Other _____

Data Format

Spreadsheet (e.g. demographics) Report Statistical Analysis Statistical Analysis & Report

Description of request (Please use the back of this form and be as specific as possible) Attach any documentation that may be needed to acquire data for your request.