

**QCC OFFICE OF INSTITUTIONAL RESEARCH and PLANNING  
RESEARCH REQUEST**

*Please note: Institutional data may be shared with the college community.*

1. **DATE:** \_\_\_\_\_
2. **FUNCTIONAL AREA:**  

<input type="checkbox"/> Academic Affairs	<input type="checkbox"/> Administrative Services
<input type="checkbox"/> Board of Trustees	<input type="checkbox"/> Enrollment & Student Services
<input type="checkbox"/> Office of the President	<input type="checkbox"/> Community Engagement
3. **DEPARTMENT/DIVISION/COMMITTEE:** \_\_\_\_\_
4. **PROJECT CONTACT PERSON:** \_\_\_\_\_
5. **PHONE:** \_\_\_\_\_
6. **E-MAIL:** \_\_\_\_\_
7. **PROJECT REQUEST TITLE:** \_\_\_\_\_  
\_\_\_\_\_
8. **GENERAL PURPOSE OF REQUEST (check all that apply):**  
**Data and/or Research for:**  

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Student Services/Recruiting
<input type="checkbox"/> Reporting Requirements	<input type="checkbox"/> Off- Site Locations	<input type="checkbox"/> Environmental Scanning
<input type="checkbox"/> Institutional Effectiveness	<input type="checkbox"/> Grants	<input type="checkbox"/> Other _____
<input type="checkbox"/> Student Support Services (Advising, Tutoring, TRIO)		
9. **PROJECT/REQUESTED DATA DESCRIPTION:** Please attach a detailed description of the project and any additional documentation that would be helpful to us in fulfilling this request.
10. **EXPECTED COMPLETION DATE:** \_\_\_\_\_
11. **APPROVED BY:** \_\_\_\_\_  

(Appropriate Vice President/President)
(Date)

**PLEASE RETURN TO THE IRaP OFFICE; ROOM 101A OR BOX 39**

<b>FOR INTERNAL USE ONLY</b>	
<i><b>IR Lead</b></i>	
<i><b>Location of Final Report</b></i>	
<i><b>Location of Syntax/Supporting Documents</b></i>	