



Institutional Research Data Request Form

Date Request Submitted: _____

Name and Title of Person Making Request: _____

Check one: Faculty Staff Off-Campus

Department/Office: _____

Email: _____ Phone: _____

Information/Data Analysis Requested:

How will data analysis/information being requested be used?

Data Needed for	<input type="checkbox"/>	Program Review	<input type="checkbox"/>	Accreditation	<input type="checkbox"/>	Grant
	<input type="checkbox"/>	Federal Reporting	<input type="checkbox"/>	College Reporting	<input type="checkbox"/>	Other:

Year(s):						
Term	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer

Please email the form to helpdesk@uvi.edu or contact Mrs. Laurie Blake, lblake@uvi.edu or x1017.

For Office Use Only

Name of Project/Report: _____

Date Request Received: _____

Type of Request: Internal Federal Staff Other External Institutional Effectiveness

Staff Assigned: _____

Agreed Deadline Date: _____

Date Completed: _____

Number of Staff Hours: _____