| Submit by E-mail | # Institutional Research Request |

Office of Institutional Effectiveness
1111 Figueroa Place, Wilmington, CA 90744

This form is to request research by college departments/personnel. All parties external to the college may complete a public records request via e-mail directed to the Dean of Institutional Effectiveness. Doctoral students requesting participation by the college or requesting institutional data, must complete the I.R. B. approval process.

Please provide ALL of the following information:

Your Name: _____

Your Phone: _____

Your E-mail: _____

Supervisor's Name: _____

What type of project is this? (Please check all that apply):

☐ Accreditation Requirement or State/Federal Report

☐ SLO/SAO Assessment (includes point of service surveys)

☐ Grant Proposal/Assessment/ Evaluation

☐ Student Success

☐ College/District Project

☐ Program Review

☐ Planning/Evaluation

☐ EWD/CTE

Other type of project. Please describe: _____

*Date Needed: _____

*A minimum of <u>five working days</u> is needed for each request. However, the amount of time needed to complete your request may vary according to the level of research requested, department work load and/or priorities.

1. What are the key questions you are trying to answer?

2. Describe the research request in detail including the years and semesters involved. If you are providing a cohort for comparison, please indicate and send the student ID numbers in a spreadsheet via e-mail.

3. Who will be the primary end-user of the information?

4. How would you like the data reported?

☐ Level 1: Spreadsheet

☐ Level 2: Summary with data in tables and graphs (descriptive stats)

☐ Level 3: Statistical treatment (comparisons, etc.) including analysis, interpretation, and summary

☐ Level 4: Level 3 plus recommendations

Note: Levels 3 and 4 may require additional time to complete.

5. Have you had a consultation meeting with the I.E. Office regarding this request?

○ Yes   ○ No

Office Use Only

| Date Received: | | Approved By: | | Est. Compl. Date: | | Actual Compl. Date: | |

Notes: _____   Data Source: _____

File Name/Location: _____   Prepared By: _____

| # of Hours on Project | Consultation | | Data Extract | | Data Clean-Up | | Analysis | | Report/ Presentation | | TOTAL HRS | |

| Reset Form | Rev. 02/11/2014 |