



Institutional Research and Assessment

RESEARCH REQUEST FORM

Please complete the following information. Should you have any questions or need consultation, please call Ryan Cartnal (ext 3946). Once you have completed the form, please save it as a PDF and email a copy to Ryan Cartnal: rcartnal@cuesta.edu.

Note: All requests require approval of the Superintendent/President.

1. Contact and General Information:

Date of request:	Date information needed:
Contact Person:	Department/Division:
Extension:	e-mail address:

2. Project Title:

3. The information is needed to fulfill the following type of project:

State/Federal Mandate	Grant Proposal
Program Review	Campus or Departmental Project
Institutional Planning/Master Plan	Individual Faculty/Staff Project
Accreditation	Other (specify):

4. Please specify how the project supports applicable college plans (Master Plan, Institutional Goals, Unit Plans, divisional/departmental/program plans, etc.)

5. In what format would you like the information? (Please provide a "mock-up" if possible)

Report (including narrative interpretation, graphics, etc.) ***Please note that this option will require consultation and editing time; this needs to be factored into the timing of your request.***
Hard copy table of the results
Hard copy graphics of the results
Excel file (you will do your own statistical analysis)
Other (please explain):

6. What questions do you want the data to answer?

7. Please describe your request in detail, including the scope, specific variables and time frames, etc.

8. How will this information impact current practice?

9. Will the project become a recurring one? Yes No
If yes, how often and when does it need to be scheduled?

10. Does this project have a fiscal impact? Yes (If yes, please explain). No

11. To whom do you intend to distribute the information from your request?

12. Priority level of project (check one): Critical High Medium Low

Research Office Use Only

Date Received:

Estimated Research Hours:

Estimated Computing Services Hours:

Disposition:

Estimated Completion date if approved:

Project #:

Staff Assigned:

Notes:

APPROVAL BY THE SUPERINTENDENT/PRESIDENT: