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| **Space reserved for IDR Office** |
| Date received  Date delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

INSTITUTIONAL DEVELOPMENT & RESEARCH OFFICE

DATA REQUEST APPLICATION FORM

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| * 1. **Name and email address of requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   2. **Department or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| * 1. **Provide a brief abstract of the project for which the data is required, the specific question to be addressed, including the specific population and describe how this project will be of value to an academic program or a component of the college strategic plan.** |
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| **1.4 Please provide a list of data required in order to address each question and the format in which the data is desired, if known (e.g. student graduation rates, course pass rates etc.)** |
| **Question 1:** | |
| **Question 2:** | |
| **Question 3:** | |
| **Question 4:** | |

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| **1.5 Approximate date that the data are needed:** |

**Requester signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Department Coordinator or Manager signature (I agree that this project with be of benefit to the academic program or help advance a component of the college strategic plan) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDR Coordinator Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit an electronic copy of the completed form to Nora Boyadjian ([boyadjin@vaniercollege.qc.ca](mailto:boyadjin@vaniercollege.qc.ca)). If you do not receive a response within two weeks, please contact the IDR Office.