

Office of Institutional Research

Data Request Form

Date of Request _____

Office Requesting Data _____

Name of Person Requesting Data _____

Office Phone _____

RWU Email _____

1. Please describe the purpose of your data/research needs and state the questions you are trying to answer (Attach additional sheet if preferred).

2. Who will receive the information you are requesting?

3. Specify a desired deadline for IR to fulfill your request.

Required Approvals (Please obtain the appropriate signatures)

Division Vice President _____ DATE _____

Lynn Fawthrop _____ DATE _____

Vice President for Enrollment Management