SAN DIEGO CITY COLLEGE
Research Request Form

Please complete this form and return it to cityresearch@sdccd.edu. **In order to have your request processed, you will need to review and sign the Guidelines for Implementing the Research Planning Agenda (GIRPA) at (insert a web address at a later time).**

REQUESTOR'S CONTACT INFORMATION AND TIMEFRAME

Name: [   ]   Department/Unit: [   ]

Phone: [   ]   Email: [   ]

Request Date: [   ]   Date Research Needed: [   ]

DESCRIPTION OF RESEARCH REQUEST (Briefly explain the purpose and use of your request)

1. What questions do you want to answer with this research request?

[   ]

2. How will the information be used (i.e., program planning, outreach or trend analysis and projections)?

[   ]

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

[   ]

RESEARCH FACTORS

4. Please identify the levels of inquiry (check all that apply).

☐ College-wide ☐ Department ☐ Course ☐ Section (CRN) ☐ Demographic Categories

☐ Other [   ]

6. Please specify the years and terms of inquiry.

[   ]

SAN DIEGO CITY COLLEGE
Research Request Form

(*) I have read and agree to the conditions outlined in the "Guidelines for Implementing the Research Planning Agenda" (GIRPA). A signed and dated copy of this document is attached to this Request for Research Report.

_____ _____

(*) Name/Signature of Requestor   Date

_____ _____

Name/Signature of Department Chair   Date

_____ _____

Name/Signature of Dean or Appropriate Manager   Date