

Jefferson District Institutional Research Data Request Form

Please submit all data requests via email or inter-office mail that includes the following details:

Your Name _____

Your Campus/Division/Department/Program _____

Telephone Number _____

Email Address _____

Purpose of Request

I E Plans	<input type="checkbox"/>	Grant Proposal	<input type="checkbox"/>
Program Review	<input type="checkbox"/>	Presentation	<input type="checkbox"/>

Other, please specify: _____

Information Desired:

(Please be as specific as possible and include the Campus, Semesters, Courses/Sections, Majors, etc.)

Deadline (Please allow up to two weeks to complete your request): _____

Requests will be processed as soon as possible and results sent via email.

Please contact Shawna Anderson at ShawnaL.Anderson@kctcs.edu with your data requests.