

**Mott Community College
Institutional Research Office**

Information Request Form

Department _____

Name _____

Date of Request _____ Date Needed (Deadline) _____

Brief Description of Information Needed: (Attach additional information if needed)

Purpose of Information:

- Federal Reporting Requirements
- State Reporting Requirements
- Grant Application/Final Reports
- Academic Program Review
- Advisory Committee
- North Central Study
- Other – Specify _____

- Survey
- Recruiting/Admissions
- Retention Study
- H.S./Transfer Information
- S.I.E.F. Information
- Market Research

Report Format or Output Required:

- Disk File Paper Other Specify _____

I.R. Use Only:

Priority Status: _____
Staff Time Used: _____ Hrs.

Assigned To: _____
Computer Time Used: _____ Hrs.

Completer's Comments:

Data Sent To Requesting Office: _____