



Institutional Research and Effectiveness Data Request Form

Please Type or Print

Name: _____

Office/Division: _____

Faculty ___ Staff ___ Student ___ Other (please specify): _____

Phone: _____

E-mail: _____

Description of Request

For Internal Use _____

For External Use _____

Purpose of Request:

Data Request Needed By: _____ *(please allow at least 4-5 business days to complete request)*

Detailed description of Data Needed:

**MILES
COLLEGE**

Office of Institutional Research and Effectiveness

Phone: 205.929.1758

mhardy@miles.edu

<p>Office Use Only</p> <p>Request: Approved _____ Not Approved _____</p> <p>Reason: _____</p> <p>Data Prepared by: _____ Date: _____</p> <p>Forwarded to person(s) Requested: _____</p>
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