

Wallace State Community College
Office of Planning and Assessment



Information & Data Request

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If you need assistance completing this form, please contact our office at X8117.

Requestor's Name: _____ **Today's Date:** _____

Extension: _____ **Requested Due Date:** _____

Office/Dept: _____

Title of Request:

Description of Request: *Please provide a detailed description of the information/data you need, including course numbers, Cohorts Definitions, etc. (NOTE: If you are working with an external agency or requestor, please provide a copy of their request, questionnaire, and definitions.)*

Timeframe of Requested Data:	Term (s)	Year (s)
Examples Below:	_____	_____
Term & Year – Fall 2005	_____	_____
Academic Year = Fall, Spring, Summer	_____	_____
Reporting Year – Summer, Fall, Spring	_____	_____

Intended Use:

Previous/Similar Request:

Has this or a similar request been made previously? Yes No

If yes, please attach a copy of prior request or report.

If yes, who requested the data? _____

If yes, who provided the data? _____