

## San Jose/Evergreen Community College District Office of Institutional Effectiveness & Student Success

### REQUEST FOR EVALUATION/RESEARCH PROJECT

Please use the "**Submit by E-mail**" button above to send this request as an Electronic submission. All fields must be completed. Questions regarding the request process or the form requirements should be directed to the Institutional Effectiveness & Student Success Office at (408) 270-6409.

<b>Today's Date:</b> _____	<b>Desired Due Date:</b> _____ <b>14 day minimum notice</b>
<b>Contact Name:</b> _____	<b>Contact Title:</b> _____
<b>Location:</b> _____	
<b>Contact Number:</b> _____ <i>Digits only</i>	<b>Contact E-mail:</b> _____
<p>All evaluation/research activity requests must have the prior approval of a manager. Please certify that approval has been granted by providing the information below.</p>	
<b>Manager's Name:</b> _____	
<b>Manager's E-mail:</b> _____	

Outside agencies or individuals must obtain sponsorship from a SJECCD office before submitting a request. If you have obtained sponsorship, the senior administrator or department head should be the point of contact listed above.

**Is this an outside request?**    YES    NO

### REQUEST DETAILS

Please provide us with as much information as possible below.

The information you provide will be used to determine how to best meet your needs. Thank You.

Type of Activity:       Type of Service Needed:

List the specific questions to be answered by the evaluation/requested research. Include, if possible, the key variables to be used to answer these questions, (e.g., Semester, Location, Demographics etc.).

Please provide additional details about your program or needs that have not already been provided above. This might include links to pertinent web sites or resources, work that your school, office or department has already conducted, or other relevant information you deem important to carrying out your request.

Thank you for completing this form.