



The Department of Institutional Research (IR)

Data/Report Request Form

Name: _____ Title: _____

Department/ Unit: _____ Email: _____ Phone: _____

1. Data/Report Title: _____

2. Description: _____

A detailed description of the data/report requested including the intended use of the information

3. KPIs Aligned with the University or with the Unit Strategic Planning:

1. _____

2. _____

3. _____

4. Has the IR office extracted this type of data/report for you in the past? Yes No

In the affirmative, please provide the date when it was last extracted? _____

5. Data/Reporting Services Requested from the IR Office *(check all that apply):*

IR will provide raw data for your own analysis

IR will provide aggregate data for your own analysis

IR will analyze data and provide you with a statistical report

Other, please specify: _____

6. Deadline to Deliver Requested Product _____

Requestor Name

Date

Signature

College Dean/VP

Date

Signature

Data/Report Owner
(If different from requestor)

Date

Signature

VP, IPD or Director IR

Date

Signature

Please return the completed form to:

Office of Institutional Research

Email: VPIPD-SURVEYS@qu.edu.qa

A member of the IR staff will contact you in the next three to five days to further discuss your request.