

FORM A

Research Data Request Form

*Submit to Office of Institutional Research and Planning
For questions or assistance, contact (817-515-5306)*

Check the appropriate box:

TCCD Employee needing data for TCCD program or departmental use
The following two categories must also complete:

Form B – Education Research Agreement

Form C - Request to Perform Research Using TCCD Student, Faculty, or Institutional Data or Information

- Student (graduate or other) needing data for class or degree purposes
- Other _____

Date of Initial Request: _____ Date Needed _____

Name: _____ Campus: _____ Ext: _____

Type of Information Requested

Purpose

Signature of Requestor: _____

For use of Research Office only:

Approved: Yes _____ No _____ by _____

Date Project Presented to Research Office: _____ Date Approved: _____

Completion Date: _____

Utilization of Information (other than above):

FORM B

Education Research Request

*Submit to Office of Institutional Research and Planning
For questions or assistance, contact (817-515-5306)*

Approval to conduct education research of students or staff data requires prior consent to the following conditions:

1. The proposed research will not violate the individual's confidentiality of personal information on file with TCC. Information gathered on study subjects will not be released in personally identifiable form.
2. Students or staff will be given the option not to participate in survey research projects.
3. The proposed research will not interfere with TCCD assigned personnel job responsibilities.
4. The proposed research will be coordinated through the Office of Institutional Research and Planning.
5. Research reports prepared for publication will be previewed by the Executive Director of Institutional Research and Planning prior to submission in order to verify accuracy of information about the institution.
6. A copy of the final report will be submitted to the Office of Institutional Research and Planning.
7. A copy of this form must accompany Form C: Request to Perform Research Using TCCD Students, Faculty or Data or Information when submitted to president and other campus administrators.

Researcher

Date of Request

Exec. Director of Institutional Research & Planning

Date

Request to Perform Research

Using TCCD Student, Faculty, or Institutional Data or Information
(Includes survey information)

Research Topic Title:

Purpose of Research:

Objectives:

Procedures:

Subjects:

Methods:

Planned Use of Results:

Benefits to TCCD:

- Attach Form A and Form B (each signed by Executive Director of Institutional Research and Planning),
- If this project relates to a class, thesis, or dissertation, attach appropriate instructor, committee, and/or IRB approval before requesting signatures
- Obtain appropriate signatures below
- Forward all forms to Dr. Terri Day, Executive Director of Institutional Research and Planning at terri.day@tccd.edu.

Researcher may NOT begin research until he/she receives a copy of this completed form (including all signatures listed below).

Person Requesting Research Approval

Date

Dean/Division Chair or Director

Date

Vice President

Date

President

Date

Exec. Director of Institutional Research & Planning

Date