

Data/Report Request Form
School of Graduate Studies
The University of North Carolina at Pembroke

Date of Request: _____

Requestor's Printed Name: _____

Requestor's Signature: _____

Requestor's Title: _____

Email: _____ Telephone: _____

Purpose for the Data:

Description of the Data/Report Request:

Selection Criteria: (e.g., student group, campus, term, academic year, headcount, enrollment, duplicated, unduplicated, ethnicity, gender). If you have questions, contact the Graduate School.

Special Instructions: (e.g., report layout)

Requested Completion Date: _____

Please keep in mind that it typically takes between three to five working days to complete a request. This can be adjusted in special circumstances, but in order to provide accurate information, this is a good estimate of the time it will take to complete the request.

How would you like the information sent to you? (Select one)

Email Printout Other (please specify) _____

Graduate School Office Use Only:

Date/Time Request Received in Graduate School: _____

Approved Denied _____

Signature of Dean of Graduate Studies