



## INSTITUTIONAL RESEARCH | STATEMENT OF WORK

155 Miami St., Tiffin OH 44883

[www.tiffin.edu/about/ataglance/research](http://www.tiffin.edu/about/ataglance/research)

(567) 268-6013

Department: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Project Title: \_\_\_\_\_

### **Project Description:**

Purpose of request, and components

What questions do you want answered using data?

Submission Date: \_\_\_\_\_

Proposed Deadline: \_\_\_\_\_

PLEASE NOTE THAT INSTITUTIONAL RESEARCH

-will not accept as soon as possible request

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INTERNAL USE

Projected Completion Date: