



College Success Skills Initiative Research Request Form



Please provide the following contact information:

Name

Date

Department

Extension

CCSI Project Title

Timeline

Brief Description
of Research
Request

Research
Questions

Will this project become a recurring one? If yes, please indicate in the space below how often and when this project needs to be scheduled. ☐ Yes ☐ No

Recurring status
(frequency and dates)

Please indicate which of the following CCSI self-assessment areas your research request fulfills (mark all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Professional development related to basic skills | <input type="checkbox"/> Coordination of student services and instruction |
| <input type="checkbox"/> Curriculum development | <input type="checkbox"/> Research |
| <input type="checkbox"/> Coordination / Organization | <input type="checkbox"/> Innovation within instruction |

Please indicate which CCSI "planned action" priority your request fulfills in the District's Action Plan (e.g., Pilot an open computer lab for non-credit students-Section D).

CCSI "planned
action" priority

Please submit this form to the Institutional Research Office electronically using the submit feature located at the bottom of the form. If you have any questions, please contact Daylene Meuschke at x5329 or via email at daylene.meuschke@canyons.edu.