



# Student Data Request Form

Date when you require data by (dd/mm/yy): \_\_\_\_\_

NOTE: DATA REQUESTS CAN TAKE BETWEEN **2 TO 4 WEEKS** TO PROCESS

## Student Details

Name: \_\_\_\_\_

School / Program: \_\_\_\_\_

University: \_\_\_\_\_

Email: \_\_\_\_\_

Level:  Undergraduate  Graduate

Purpose of Request:  Term Paper  Thesis  Other \_\_\_\_\_

## Research Supervisor / Instructor

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Describe what data you are looking for?

Data Format:  Excel  GIS (specify): \_\_\_\_\_ Other: \_\_\_\_\_

This data will be used **SOLELY FOR ACADEMIC RESEARCH PURPOSES**, and not released or distributed in any format to any third party organizations without the prior written approval of the Director of the CSCA. By signing below you agree to these terms.

Student Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

### INTERNAL USE ONLY

CSCA Authorization: \_\_\_\_\_

Analyst: \_\_\_\_\_ Time to Complete: \_\_\_\_\_ Hrs \_\_\_\_\_ Mins