

Research Request - WRH Staff

Name: _____

Date: _____

Department & Campus: _____

Phone: _____ Fax: _____

Email: _____

Pager/Mobile (optional): _____

Date needed by: _____

Preferred method of delivery (please check one)

Email

Pick up in Ouellette Library

Pick up in Met Library

Research question/topic:

Please describe your question or topic in detail. If you have more than one request, please number them. If you require more space, please continue description on the back of this form.

Please indicate intended use of results (please check one)

Patient care

Instructional/Coursework

Research

Thesis/Dissertation

Accreditation

Updating Policy/
Procedure

Other _____