Research Support Request Form

The Library, Lincoln Institute of Graduate Studies Research Support Request Form

Personal Information:

- 1. Full Name: _____
- 2. Membership ID (if applicable): _____
- 3. Phone Number: ______
- 4. Email Address: _____

Research Details:

- 1. Research Topic/Title:
- 2. Field of Study/Research:
- 3. Purpose of Research:
 - □ Academic Assignment
 - \Box Dissertation/Thesis
 - □ Professional Project
 - □ Personal Interest
- 4. Type of Support Required: (Select all that apply)
 - □ Locating Reference Materials
 - □ Using Digital Databases
 - □ Citation and Referencing Guidance
 - □ Specialized Consultation
 - □ Other: _____

Preferred Consultation Date and Time:

- 1. Date: _____
- 2. Time: _____

Additional Details:

Declaration: I confirm that the information provided is accurate and request research support in accordance with the library's policies.

Signature: _	
Date:	