

GRADUATE STUDENT RESEARCH REQUEST

Name: _____

Phone: _____

Email: _____

Graduate Program: _____

School Attending: _____

Research Committee: _____

IRB Approval Number: _____

Phone: _____ **Email:** _____

Title of Research:

What information are you requesting from NDCA (Please include the email you would like sent out to membership):

By what date do you need this information: _____

How will this information be used?

Received by Executive Director: _____

Approved: _____ **Denied:** _____ **Reason(s):**

Email to: ndcajenise@gmail.com