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**Association on Higher Education and Disability**

**Application for Research Requests of Membership**

*Please submit this application and all related attachments to Dr. Todd Van Wieren, Chair of the Research Review Panel (*[*toddvw@iup.edu*](mailto:toddvw@iup.edu) *).*

**Contact Information:**

Name:

Title:

Street Address:

City/State/Zip Code:

Phone:

Email:

AHEAD member: \_\_\_\_yes; \_\_\_\_no

**Status:**

\_\_\_\_\_ Postsecondary Disability Services Professional/ADA Coordinator

\_\_\_\_\_ Faculty Member

\_\_\_\_\_ \* Student

\_\_\_\_\_ Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Note: Students will need to obtain faculty advisor approval. This includes full-time professionals who are also attending graduate school part- or full-time.

**Institutional or Agency Affiliation:**

Institution or Agency:

Department:

Faculty Advisor (if applicable):

**Attachments:**

1. **Abstract:**

Limit to 100 words. Provide a condensed version of the project description that highlights the project’s (a) purpose, (b) methods, and (d) relevance to AHEAD members. Once a project has been approved, the abstract will be posted on AHEAD’s [website](https://www.ahead.org/research/ahead-supported-research).

1. **Description of proposed study (no more than 3 pages):**

Please include

* purpose and rationale of the study
* targeted population among the AHEAD membership
* description of study methodology
* explanation of how accessibility of instrument has been assured.
* description of methods employed to maintain confidentiality
* relationship of the study to the mission and goals of the AHEAD organization
* intended timeline for study
* anticipated goal of research project (e.g., dissertation, publication, benchmarking)

1. **Copy of Survey and/or Interview Questions:**

* Provide link to electronic version of survey questions or pdf of survey.
* Attach pdf of interview schedule.

1. **Approval from Institutional Review Board:**

Please attach a copy of the approval from your institution’s human subjects review board. If you are not affiliated with a postsecondary institution, please attach a copy of the approval from an independent review board or an explanation on why an IRB approval has not been secured.

**Signatures:**

*Researcher:*

I attest that the information provided is accurate to the best of my knowledge, and agree to abide by the conditions set forth by AHEAD and the institutional/independent human subject review board.

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

*Faculty Advisor (if applicable):*

I agree to supervise this student’s research project and to monitor the student’s ethical research practices.

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_