**Association on Higher Education and Disability**

**Application for Research Requests of Membership**

**Contact Information:**

Name:

Title:

Street Address:

City/State/Zip Code:

Country:

Phone:

E-Mail:

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

**Status:**

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

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

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

\_\_\_\_\_ Other

\* 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 Affiliation (if applicable):**

Institution:

Academic 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) scope, and (c) 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).

**2) One-two page description of the proposed study**

Please include

(1) the purpose and rationale of the study,

(2) targeted population among the AHEAD membership,

(3) the relationship of the study to the mission and goals of the AHEAD organization,

(4) intended timeline for study,

(5) anticipated goal of research project (e.g., dissertation, publication, benchmarking).

(6) a brief description of how you have assured the accessibility of your study. If you are using a commercially available survey instrument such as Survey Gizmo or Qualtrics, please include information from the vendor about the accessibility of the tool.

**3) Approval from the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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