

STUDENT RESEARCH REQUEST FORM
For Academy Registry List Use

Submission schedule: February 1, May 1, September 1, November 1

Submit to surveys@eatright.org

Requests will be considered four times per year and may take up to 60 days from the submission deadline for review and feedback.

Student Applicant (must be for student research)Name _____
(Last) (First) (MI)

Student Member ID _____

Mailing Address _____

Phone _____ Email _____

I am currently enrolled at _____

Research Faculty/Advisor name _____

Phone _____ Email _____

Submit this application along with the following documents for review by the Academy of Nutrition and Dietetics Council on Research's Survey Review Subcommittee:

- Letter of support signed by your research advisor/faculty
- Draft survey(s) (Word document)
- Description of your proposed research study methodology and/or survey protocol
- Recruitment text (e.g., cover email or letter that will accompany your survey(s))
- Research Request Evaluation Criteria (please submit your responses on a separate sheet):
 1. Does this research support the Academy's mission and vision?
 2. Does this research support the Academy's strategic plan?
 3. How will this research advance the profession of dietetics?

Database Selection:

If the application is approved, the survey will be distributed ONLY for the approved study with approved materials (i.e., an initial invitation email plus a reminder email).

___ General Registry, up to 5,000 RDNs/NDTRs®

___ General Registry, up to 10,000 RDNs/NDTRs®

Academy Registry List Use Agreement:

Please note that the Academy reserves the right to request additional information upon review of documentation submitted.

I agree to the following terms and conditions:

1. The Academy will manage survey distribution, and the cover email accompanying the survey will include a disclaimer that the research being conducted is student research and is not a study of the Academy.
2. I will disclose the anticipated time to complete the survey in the cover email or letter.
3. I agree to share the final research report with the Academy, by submitting to surveys@eatright.org. The anticipated completion date is_____.

Student Applicant Name (printed) and Signature

Date

Academic Program Advisor/Faculty Name (printed) and Signature

Date