**MJ Health Research Foundation**

**MJ Health Resource Center**

**Health Data Application Form**

**Application Serial Number** (For Office Use Only):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Type** | | | | | | | | | |
| **□General Application □Educational Application □Industry Application □Group Application** | | | | | | | | | |
| **Basic Information for Principal Investigator/School Dean/Project Director or Manager** | | | | | | | | | |
| **Name** | | |  | | | | | | |
| **Name of School/Company** | | |  | | | | | | |
| **Name of Department** | | |  | | | | **Job Title** | |  |
| **Email** | | |  | | | | | | |
| **Phone** | | |  | | | | | | |
| **Address** | | |  | | | | | | |
| **Co-Investigator/Professor/Associate Project Manager (complete if applies, add row if necessary)** | | | | | | | | | |
| **Name** | | | | **School/Department** | | **Job Title** | | | **Phone/ E-mail** |
|  | | | |  | |  | | |  |
| **Other Data Users not listed above (complete if applies, add row if necessary)** | | | | | | | | | |
| **Name** | | | | **School/Department** | | | | **Job Title** | |
|  | | | |  | | | |  | |
|  | | | |  | | | |  | |
| **Project/Class Information** | | | | | | | | | |
| **Name** |  | | | | | | | | |
| **Description** |  | | | | | | | | |
| **Keywords**  **(5 or less)** |  | | | | | | | | |
| **Contact** | | | | | | | | | |
| **Name** |  | | | | | | | | |
| **Phone** |  | | | | | | | | |
| **Email** |  | | | | | | | | |
| **Data Information** | | | | | | | | | |
| **Type** | | **Variables** | | | | | **Notes** | | |
| **□Biodata** | |  | | | | |  | | |
| **□Health Survey** | |  | | | | |  | | |
| **Project/Class Start and End Dates** | | |  | | **Funding Source** |  | | | |