**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** |  |