

**COUNSELING GRADUATE STUDENT
RESEARCH REQUEST**

Name: _____

Phone: _____

Email: _____

**Graduate
Program:** _____

**School
Attending:** _____

**Graduate Advisor
Name:** _____

Phone: _____ **Email:** _____

Title of Research:

What information are you requesting from NDCA:

**By what date do you need this
information:** _____

How will this information be used?

**Received by Executive
Director:** _____

Approved:_____ Denied:_____ Reason(s):

Email to: ndcajenise@gmail.com