

Researcher Application Form

Please fill out this form to request access to the IRIS-UMETRICS dataset through the IRIS Virtual Data Enclave (VDE).

Name:	Institution:
Email:	_ Phone:
Role (choose one): \square Faculty \square Staff	□ Postdoc □ Student. □ Other
Project Information Please describe the project for which you seek access to the IRIS-UMETRICS dataset.	
Project Title:	
Start Date: Project duration (choose one): ☐ 1 year	□ 2 years □ 3 years □ Longer
Project Funding Sources (enter N/A if no funding is available):	
Project Objectives:	

Project Empirical Analysis and Anticipate	ed Outcomes:	
Scientific or Higher Education Benefits (F have for science policy and/or higher edu	Please describe any potential this study may acation administration):	
Research Team If you are applying for access to the IRIS VDE for other members of your team, please provide their information below. <i>NOTE: If you are a student, please include the faculty member overseeing this project.</i>		
Team member #1		
Name:	_ Institution:	
Email:	Phone:	
Role (choose one): \square Faculty \square Staff	☐ Postdoc ☐ Student. ☐ Other	
Team member #2		
Name:	_ Institution:	
Email:	Phone:	
Role (choose one): \square Faculty \square Staff	□ Postdoc □ Student. □ Other	

Team member #3 Name: ______ Institution: _____ Email: _____ Phone: ____ Role (choose one): \square Faculty \square Staff \square Postdoc \square Student \square Other **Institutional Review Board Information** Please indicate the status of your IRB application for this project (choose one): ☐ Approved ☐ Exempt ☐ Not Regulated ☐ Pending (i.e., not yet applied or determination not yet received). Please provide a copy of the IRB determination letter from your institution in PDF format if applicable along with this form. **Additional Information** Please provide any additional information in support of your application: **Form Submission** Please send this form and your IRB determination letter if available to IRISdatarequests@umich.edu.