

**UT Counseling and Mental Health Center
The University of Texas at Austin
Research Consortium Data Request Application**

Name of Principal Investigator: _____

Title of PI: _____

Institution: _____

Address: _____

Telephone: _____ E-Mail: _____

Title of Study: _____

Date: _____

Other Names, Titles, and Affiliations of Those Involved in Project:

Data Set you are interested in obtaining:

☐ **Project 1, Nature and Severity of College Students' Counseling Concerns (1991)**

☐ **Project 2, Mental Health Concerns of Non-Clinical Sample (1994-95)**

☐ **Project 3, Psychotherapy Process and Outcome Study (1997-98)**

☐ **Project 4, Mental Health Concerns of Non-Clinical Sample (2002)**

☐ **Project 5, The Nature of Suicidal Crises in College Students (2006)**

Anticipated Project Start Date: _____

Anticipated Project End Date: _____

Type of Study you intend to use the data set for (internal program evaluation, dissertation study, article for publication, other). Please explain.

Description of Study (including rationale, theory that this data set will be used to test/validate/support, research question(s), hypotheses, data analyses):

Contribution of this study to college mental health:

Other Comments:

Signature

Date

Return to:

Chris Brownson, Ph.D., Director
UT Counseling and Mental Health Center
1 University Station, A3500
Austin, TX 78712-0152