



NCAA Injury Surveillance Program Data Requests Letter of Intent Checklist

DATA REQUEST INSTRUCTIONS

Please submit this form and required documentation to the NCAA Injury Surveillance Program data requests Advisory Panel using the online web form that will be available beginning January 16, 2026. Each letter of intent that includes all required elements and follows submission requirements will be reviewed. If selected to move forward, the advisory panel will invite the researcher to submit a full proposal. Selection to submit a full application will be based on the following:

- Responsiveness to CSMAS areas of emphasis.
- Degree to which the project fills gaps in the literature and/or impacts student-athlete health and safety outcomes.
- Strength of experimental design.
- Study feasibility relative to requested NCAA ISP data.
- Qualifications of principal investigator and project team.

Submissions will be accepted between January 16, 2026 and January 30, 2026. The reviewers retain the right to deny any request without explanation.

Researchers may apply for subsets of deidentified aggregate data. Generally, these data are considered exempt from Human Subjects Protections; however, researchers are required to provide proof of exemption from their Institutional Review Board (IRB) prior to receiving data.

Complete the Data Request Form online beginning January 16, 2026. The required information is described below.

- ☐ Descriptive title of proposed research.
- ☐ 500 word or less concise description of your proposed research project.
- ☐ Clear, specific research aims (2-3).
- ☐ Brief overview of analysis methodology.
- ☐ Identification of data being requested. See variables list on website. *Date ranges available for this initial pilot are 2009-10 through 2018-19.*
- ☐ Offer what gap in literature the research project fills.
- ☐ Principal Investigator(s) information.
 - Name.
 - Title.
 - Participating or Affiliated School.
 - Email.
 - Phone.
 - Resume.
 - Is this a student project? __ Y __ N
 - Student Status:
 - _____ Doctoral Student
 - _____ Medical Student
 - _____ Master's Student
 - _____ NA
 - Mentor's Name:

NCAA Injury Surveillance Program Data Request:

Letter of Intent

Page No. 2

- Mentor's School:
- Mentor's Title:
- Mentor's Email:

- ☐ Names and titles of other key personnel.
- ☐ Indicate whether the project is funded and, if yes, identify the funding agency.