



*Reg. No.:*

**National Institute of Sports Science  
Certificate Course in Sports Psychology - 2026  
Student Registration Application**

**Full Name**  
(Mr./Mrs./Miss)

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or [research@iastate.edu](mailto:research@iastate.edu).

**Name to be included  
in the certificate  
(Name with Initials)**

1. **What is the primary purpose of the proposed legislation?**

### Address (Private)

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or [research@iastate.edu](mailto:research@iastate.edu).

### Address (Official)

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

**Contact No  
(Private)**

1. **What is the primary purpose of the study?**

## Contact No (Official)

1. **What is the primary purpose of the study?**

### Email Address

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

**Date of Birth**

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**NIC No**

### Designation

11. *What is the primary purpose of the following statement?*

## Service Experience

## **Professional Qualifications (Sports)**

