

APPLICATION FOR RESEARCH AT P.K. YONGE DEVELOPMENTAL RESEARCH SCHOOL

1080 SW 11th Street
Gainesville, FL 32601
(352) 392-1554

Directions: Complete the following application for the proposed research. Attach IRB approval and 3 copies of any instrument to be used. Turn the application in to the Principal of P.K. Yonge. You will be notified when action on this application has been completed.

Applicant _____ Phone _____ Date _____

Address of Applicant _____

College Department / Agency _____

Advisor / Major Professor _____ Department _____

Applicant is: Faculty ___ Doctoral Student ___ Master's ___ Other (specify) _____

Purpose of Research _____

Title of Research Proposal _____

Brief summary of Research Proposal _____

Start Date _____ End Date _____

Population needs: # of subjects _____ Grade Level _____

Sex, age, race, ability level (s) _____

Total time per student required _____ Total time per teacher required _____

Indicate additional school resources needed _____

Data needed (list tests, surveys, information needed) _____

If this application is approved, I agree to observe all legal requirements regarding the use of research and submit a final copy of the research report to the Principal of P.K. Yonge. Also, I agree to cite P.K. Yonge DRS or teachers in all publications.

Applicant Sign Here _____ Date _____

Type Name Here to Sign

Advisor/Dept. Chair _____ Date _____

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For office use only

This application for research is: Approved ___ Not approved ___ Date _____

Remarks _____

Principal or Authorized Representative _____ Title _____