



Application for Research

Directions: Complete the following application for the proposed research. Attach IRB approval and a copy of any instrument to be used. Submit the application to Dr. Carrie Geiger, Director of P.K. Yonge at cgeiger@pky.ufl.edu. Applicants will be notified when action on this application has been completed.

Applicant Name _____ Phone _____ Date _____

Applicant Address _____

College Department / Agency _____

Advisor / Major Professor _____ Department _____

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

Purpose of Research _____

Title of Research Proposal _____

Brief Summary of Research Proposal _____

Start Date _____ End Date _____ Population Needs: # of subjects _____ Grade Level _____

Any special requirements regarding age, grade, race/ethnicity, achievement 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 Director of P.K. Yonge. I agree to cite P.K. Yonge DRS or teachers in all publications.

Applicant Signature _____ Date _____

Advisor/Dept. Chair Signature _____ Date _____

Office Use Only

Application: ___ Approved ___ Not approved Date _____ Remarks _____

Authorized Representative _____ Title _____

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