Research Agreement
Burris Laboratory School
Ball State University

Date of Application_____

Name of Investigator(s)_____

Home Phone _____ Office Phone _____Email_____

Advisor: (name, department, office phone) _____
_____

Name of proposed study: _____

Persons (classes) involved in study: _____
_____

Check one: long-term study_____ (more than one class period) short-term study _____ (one class period or less)

Proposed dates involving Burris students: _____

Where will study take place (rooms, playground, etc.)? _____
_____

Purpose of study: _____
_____

Please attach an abstract of the study (not to exceed one page), surveys, permission slips, and any other form that will be used. Please include copies of any instruments that will be used unless they are standardized tests. (This abstract may be the same as the one that is sent to IRB).

In what form will the results appear? _____
_____

Unless otherwise specified, it is agreed that if the study is conducted. A copy of the complete results will be forwarded to the chairperson of Burris Laboratory Research Committee.

_____ (signature of principal investigator)

Approved_____ Disapproved_____ Date of Action _____

_____Administrator of Burris Laboratory School

_____Chairperson, Burris Laboratory Research Committee

(Revised: October 2007)