

## APPLICATION TO ENGAGE IN RESEARCH / EVALUATION

APPLICANT INFORMATION		
Research Title:		
Name of Applicant:		
Mailing Address:		
Telephone:	Cellular:	Email:
AFFILIATE ORGANIZATION/PROGRAM		
Affiliate Organization:		
Name of Ethics Review Body:		
Type of Proposal Submitted	Research <input type="checkbox"/>	Evaluation <input type="checkbox"/>
Summary of goals and objectives of research/evaluation activity:		
RESEARCH TIME LINE		
Projected Start Date:		
Projected Completion Date:		
Is this research/evaluation required for the completion of a course or degree? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please specify:		
Proposed research/evaluation cohort(s):		
Summary of proposed research/evaluation methodology (ies):		
Projected date of receipt of ethics approval from body named above:		
Describe any activity that will need to be facilitated or supported by GYPSD staff:		
If students are included in the proposed research, describe the consent process to be utilized:		
Describe how the research will benefit GYPSD system/students:		
SIGNATURES		
Signature of applicant:	Date:	
Name of Program Supervisor (if applicable):		
Approved or denied:		
Date Approval/Denial Email Sent:		