

Berea College
External Research Application Form
Berea College
External Research Application Form

Principal Investigatory:

Home Institution:

Mailing Address

Telephone: _____ Email Address: _____

Project Title: _____

Project Period _____ to _____

[Optional] Name of individuals serving as Berea College liaison (if know):

Number of Participants Request at Berea College: Faculty _____ Staff _____ Students _____

Provide a brief description of the project. Include the data collections methods (i.e., surveys/questionnaires, interviews, etc.) and the procedures to be used to carry out the research (i.e., electronic, face-to-face, etc.)

Describe the participant population chosen for this project. Include the rationale for requesting participants from Berea College and how the Berea College participants will be contacted.

Describe how the results of the project will be used (i.e., presentations, publications, thesis, dissertation, etc.).

Attach the following documents:	Approved Protocol IRB approval letter from home institution Consent form or informational letter to be given to participants
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Send the completed External Researcher Application Form and attached documents to the Office of Academic Affairs, Berea College, 101 Chestnut Street, Berea KY 40404. Questions may be directed by email to broomfields@berea.edu or by telephone at 859-985-3487.

**** Adapted from similar form at Slippery Rock University