

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

1080 SW 11<sup>th</sup> 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 \_\_\_\_\_

.....

## For office use only

This application for research is: Approved \_\_\_ Not approved \_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

Principal or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_