

# Research Application



NORTHERN ILLINOIS UNIVERSITY

**Child Development  
and Family Center**

Faculty members and students who wish to conduct research at the Child Development and Family Center must submit this form along with approval from the Ethics Review Board at their college (if applicable). This application will be reviewed by the Child Development and Family Center Advisory Board. You will be notified of the Board's decision within two weeks.

Name of Researcher: \_\_\_\_\_ Date of Request: \_\_\_\_\_

College/Department/Program: \_\_\_\_\_

Researcher Phone: \_\_\_\_\_ Researcher E-Mail: \_\_\_\_\_

Title of the Research Project: \_\_\_\_\_

Describe the course assignment or the degree requirement this research is fulfilling: \_\_\_\_\_

Do you anticipate that this project will have external funding? Yes No

If yes, from whom: \_\_\_\_\_

If this is a research project, have you received the approval of the IRB? Yes No

## **Only Student Researchers Need to Fill Out this Section**

Faculty Member Supervising this Study: \_\_\_\_\_

Faculty Phone: \_\_\_\_\_ Faculty E-Mail: \_\_\_\_\_

Please attach a summary answering the following questions:

1. A brief description of the purpose of this research.
2. A brief description of your methodology (attachments as appropriate).
3. What instruments/measurements will be used to obtain data?
4. How many and what age children do you plan to study/observe?
5. When would you like to begin collecting data? When do you expect your data collection will be complete?
6. What are the expected risks and benefits for the children/adults involved in this research project? Be Specific.
7. How do you plan on maintaining the confidentiality of the children/adults involved in the project?
8. What days/times would you like to conduct your research? If you intend to interact with the children you must attach a copy of a consent form that you will be sending home to parents/guardians.

Plan to share copies of accepted manuscripts, papers and presentations based on your involvement at the lab. This documentation is important for our records.

By signing this application, I certify that the above proposal is accurate; that major changes will NOT be made without notifying the Child Development and Family Center; that I agree to consistently maintain all individuals' confidentiality and to show respect for children, parents, teachers, and their work together; and that I have read and reviewed the Research Policies and Procedures posted online.

Researcher Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_

### **For Office Use Only**

Approved  
Denied

Reason Denied:

Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Date

Please fax this application with the observation assignment to the Child Development and Family Center at (815) 753-8502