

ODU Child Development Center/Child Study Center and Oral Preschool Research Proposal Form

Please complete the following research proposal form. After completion, you can submit it electronically to sjudge@odu.edu. Items marked with * are required.

I. Contact Information

Investigator(s)*: _____

Home Address*: _____

Home Phone (with area code)*: _____

E-mail address*: _____

Business Address*: _____

Business Phone*: _____

II. University Affiliation

Investigator(s)

Undergraduate

Graduate

Faculty

Other – Please Specify

Department Affiliation: _____

III. If research is being conducted under faculty supervision, please give name of project advisor and department.

Project Advisor Name: _____

Project Advisor Department: _____

IV. Title of Research Project

Please write your title of research project: _____

V. Project Date(s)

Please specify date(s) when research will be conducted: From _____ To _____

VI. Building or program in which research will be conducted:

- Child Study Center
- Child Development Center on 48th Street
- Oral Preschool

VII. Classroom(s)/Age(s) with which research will be conducted:

VIII. Research will satisfy:

- Thesis
- Dissertation
- Other: Please specify

IX. What sources of funding (if any) are being used to support this research (for our record keeping purposes only)?

X. A brief description of the nature and purpose of the proposed study.

XI. Has this study received Human Subjects clearance?

- Yes
- No
- Where is a copy of this clearance on file? (Please specify)