



Forensic Anthropology Center
ANTHROPOLOGY RESEARCH FACILITY RESEARCH REQUEST FORM



Name _____

Department/Institution _____

Address _____

City/State _____ Zip Code _____

e-mail _____ Telephone _____

Student: _____ Yes* _____ No

*If yes, please provide the name of your advisor and your status (e.g. Ph.D. candidate, undergraduate).
A signed letter from the advisor must accompany this application. See the Protocol for Research Requests. _____

Proposed Dates for Study: _____

What is your proposed sample size and composition?

What is the research question and scientific merit of the proposed research?



Forensic Anthropology Center
ANTHROPOLOGY RESEARCH FACILITY RESEARCH REQUEST FORM



Provide a synopsis of the examination procedures (methods) to be followed. You may also attach a research or grant proposal as an attachment.

Does your research require electricity or other infrastructure? If so, explain.

By signing below you agree to the following:

1. Provide the Forensic Anthropology Center with a copy of the data collected.
2. Provide the Forensic Anthropology Center with a copy of all results, including theses, dissertations, manuscripts and publications.
3. Provide the Forensic Anthropology Center with a copy of any photographs taken.

I have read the attached Guidelines for Collection Research

I have received the Hepatitis B vaccine _____ (initials)

I have had a tetanus booster in the past 10 years _____ (initials)

Signature

Date

FAC ARF Research Request Form: V-2

Approved Date: October 2011

Effective Date: January 2012

Approved by: Director