



Forensic Anthropology Center COLLECTIONS 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?



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What specific collection(s) do you wish to study and how is this collection(s) relevant to your research question?

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

Does your research at the FAC involve radiographs? _____Yes* _____No

Does your research at the FAC involve photographs? _____Yes _____No

*Be sure to follow the guidelines of the FAC Protocols for Research Requests for radiographic equipment.

I 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.

_____ Signature

_____ Date