Application to Conduct Research in the MSU Child Development Laboratories

Application Deadlines
For the Summer Session: April 1
For the Fall Session: July 15
For the Spring Session: December 1

Title of Research Project	ct
Data Collection Will Begi	n:
Summer Session	
Fall Session	
Spring Session	
Anticipated Ending Date	·
Principal Investigator(s)
Department	
Faculty or Student	
Email Address	
Phone Number	
Address:	
Address:	
Research Will Involve:	
Child Developmen	t Laboratories - East Lansing
Child Developmen	t Center - Haslett Campus (please complete the Haslett Public Schools form to conduct research at this site
What is the purpose of y	our research (100 words or less)?

Describe the progression of your study

Who will be involved? Examples include teachers, children, and families. Use one cell for each category of participants	What will participants do? Include names of specific measures and number of times that each will be completed. If the study is observational only, please note that	How long will participants need to complete these tasks? For observational studies, note length of time needed for each observation
Do you need additional resources from (Examples: data from our ongoing assi	the CDL? Yes No essments, use of observation booths, testing rooms,	etc.)
If yes, please describe:		
Have you received funding for this rese	earch?	
If yes, what is the funding agency?		

Note that you will need to submit a blank, stamped consent form from MSU's Institutional Review Board (IRB) (or other academic institution) before beginning your research project. You will also need to provide the names of any data collectors not employed by the Child Development Laboratories and attain appropriate clearances for these personnel.

Please save this as an Acrobat document to your computer and then email it as an attachment to: Dr. Lori Skibbe, Director of Research at the CDL; skibbelo@msu.edu.