

**DEPARTMENT OF CRIMINAL JUSTICE AND CRIMINOLOGY  
RESEARCH PROJECT SURVEYS  
USE OF COPY MACHINE**

STUDENT NAME:		
FACULTY SPONSOR NAME:		
PROJECT TITLE:		
IRB NUMBER:		
NUMBER OF SURVEYS:		
NUMBER OF PAGES IN SURVEY:	1 SIDED	2 SIDED
NUMBER OF CONSENT FORMS:		
NUMBER OF PAGES IN CONSENT FORM:	1 SIDED	2 SIDED
TOTAL NUMBER OF PAGES FOR PROJECT:		
STAPLE ON SURVEY:	YES	NO
STAPLE ON CONSENT FORMS:	YES	NO
DATE PROJECT STARTS:		
DATES AND TIMES OF COPYING:		

**NOTES:**


**ADMINISTRATIVE OFFICE USE**

DIRECTOR OF CJC GRADUATE PROGRAMS SIGNATURE	DATE
DEPARTMENT CHAIR SIGNATURE	DATE

**SUBMIT**



