

**Lynn Bennett Early Childhood Education Center
Proposal to do Research¹**

Proposal Title:

Main Author:

UNLV Status (Student/Faculty/Professional Staff):

Campus Phone #:

Email Address:

If the Main Author is a student:

Faculty Research Supervisor:

Department / Unit:

Campus Phone #:

Email Address:

Additional Researchers/Observers or Other Individuals Involved (Give name and status):

Signatures:

(By signing you are attesting to the accuracy of the information contained in the Research Proposal and pledging to adhere strictly to its content as approved by the LBECEC Research Advisory Committee):

Major Author _____ Date _____

Faculty Supervisor _____ Date _____

LBECEC APPROVAL: _____ Date _____

¹ ATTACH THIS FORM TO THE FRONT OF THE APPROVED IRB PROPOSAL. INCLUDE THE IRB APPROVAL NOTICE (WITH SEAL) AS WELL AS EACH APPROVED INFORMED CONSENT FORM (WITH SEAL). SUBMIT TO DR. JOHN FILLER, CEB 118A (john.filler@unlv.edu; 702-895-1105)