Brightpoint Community College Research Request

**Contact Information** *Name:*

*Phone Number:*

*Email*

*Mailing Address:*

**Educational or Business Affiliation** *Researcher’s Affiliation:*

**Information**

*Name and Address of University or College:*

*Researcher is:*

*Academic Department:*

*Proposed Study is Toward Completion of a Degree:*

*Name of Faculty Advisor or Principal Investigator (PI):*

*Email and Phone Number of Faculty Advisor or Principal Investigator (PI):*

If researcher is affiliated with a university or college, approval by the Institutional Review Board/Protection of Human Subjects Committee of the researcher's home institution is required. Please attach a copy of the approval (along with any certifications to administer a study) PDF format with this form.

**Business or Professional Organization Information** *Name and Address of Organization:*

Is the Proposed Study Linked to a Grant or Affiliated With a College or University?

**Study Information**

*Title of Study:*

*Statement of the Problem:*

*Design of the Study:*

Please attach supporting materials used in this study with this form (e.g., survey, cover letter or email, etc.) as a PDF

*Resources Required:*

*What is your estimated timeline for this research?*

*How does the study benefit Brightpoint Community College?*