

FOR CREATE USE ONLY:
Request #: _____

CENTER FOR RESEARCH, EVALUATION AND ADVANCEMENT OF TEACHER EDUCATION

Request for CREATE Research Data Application Cover Sheet

Application Date: _____

Title of Research Project: _____

Name of Principal Investigator: _____

Title of Principal Investigator: _____

Receiving Institution and Department: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Name and Title of Co-Investigators: _____

Research Assistants: _____

Funding Source: _____

IRB Protocol Number and Date of Approval: _____

Project Period: _____

Date Data to be Destroyed: _____

Signature of Principal Investigator: _____

Date: _____

Please send the complete Data Request electronically to Sherri Lowrey at slowrey@createtx.org.