

## Application Procedures for Research Discount

If you would like to use all, part, or a modified version (including translations) of our assessments, please email, fax, or mail us the following information:

### 1. Investigators

- **Student/Principal Investigator**

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address, and affiliation (including department and university name)

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- **Supervisor and/or Other Investigator(s)**

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address, and affiliation(s) of the supervisor and/or each additional investigator (including department and university name)

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### 2. Qualifications of Applicant

- Highest level of education \_\_\_\_\_
- Complete the Test User Qualifications Form at [www.SigmaAssessmentSystems.com/departments/qualifications.asp](http://www.SigmaAssessmentSystems.com/departments/qualifications.asp).
- The researcher must meet User Qualification requirements.
- Graduate students must have their supervisor sign the application form whereby their advisor agrees to oversee the use of the materials.

### 3. Abstract / Research Summary

- Description of research (50 words or less) including the purpose and hypotheses.

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### 4. Method

- Description of the sample (number and demographics). Include translation language, if applicable.

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- Name of the test and form to be used. If only a portion of a test is to be used, provide the name of the scale(s).

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- Description of other predictor(s) and criterion measure(s) to be used in the study.

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# SIGMA Application for Research Discount (continued)

- Brief summary of the procedures (50 words or less). If applicable, URL address for web-based studies PLUS access passwords.

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## 5. Data collection period

- Anticipated start date: \_\_\_\_\_
- Anticipated completion date: \_\_\_\_\_

## 6. Anticipated study completion date: \_\_\_\_\_

## 7. Conditions

- **Authorized Use**  
The research discount and use of the requested test materials is only applicable to the research study described in this application.
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## 8. Signature

By signing this application, I agree to only use the requested assessment(s) for the research described above and understand that I must maintain the security of test materials at all times. I also agree to send SIGMA Assessment Systems, Inc./ SIGMA Assessment Systems, Ltd.. a copy of the final research report and the collected data.

Principal Investigator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contact Us At:

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