

Application Procedures for Research Discount

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1. Investigators

- **Student/Principal Investigator**

Name _____ Telephone number _____

Email address _____

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

- **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)

2. Qualifications of Applicant

- Highest level of education _____
- Complete the Test User Qualifications Form at 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.

4. Method

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

- 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).

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

SIGMA / RPP 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.

5. Data collection period

- Anticipated start date: _____
- Anticipated completion date: _____

6. Anticipated study completion date: _____

7. Conditions

- **Authorized Use**
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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./ Research Psychologists Press, Inc. a copy of the final research report and the collected data.

Principal Investigator _____ Signature _____ Date _____

Supervisor (if applicable) _____ Signature _____ Date _____

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