

**RESEARCH SERVICES REQUEST
NORTHERN ILLINOIS UNIVERSITY
College of Education
Research, Evaluation and Policy Studies
Graham Hall 243**

PLEASE SUBMIT COPY OF IRB CLEARANCE WITH RESEARCH REQUEST

To be completed by client.

Date of Request: _____

Date Needed: _____

Client Name:		Department:	
Rank:		Tenured _____	Non-Tenured _____
Beginning Date of Employment at NIU:		Number of Data Elements to be Surrendered (e.g. questionnaires, tests, etc.):	
Project Name:			
Billing Address: _____ _____ _____		Office Address: _____ _____ _____	
		Method of Payment: <input type="checkbox"/> Personal Funds <input type="checkbox"/> Grant Funds * <input type="checkbox"/> Department Funds * <input type="checkbox"/> Dean's Research Grant Funds * Account # to be charged: * _____	
Phone Number:		E-Mail Address:	
Notify for pick-up via: <input type="checkbox"/> E-mail		<input type="checkbox"/> Telephone	

In compliance with the Code of Federal Regulations 45 CFR part 46 (Protection of Human Subjects), have you obtained an IRB APPROVAL prior to the data collection Yes No Not applicable to the project.

If yes, PLEASE SUBMIT COPY OF IRB CLEARANCE WITH RESEARCH REQUEST

Instructions: (Attach an extra sheet if necessary.)

Client's Signature: _____

For Office Use Only

IN Date	Description of Services Requested	# Data Elements	# Other Artifacts	OUT date	Signature

(See Reverse for Rates for Various Services)

Office of Research, Evaluation and Policy Studies (REPS)
College of Education, 243 Graham Hall, Northern Illinois University

DATA ANALYSES/RATES

Data Keyboard Entry	\$ 25/hour
Consultation	\$ 40/contact hour
Data Base/Statistical Program Development	\$ 40/hour
Report (camera-ready) Composition	\$ 75/hour