

# Department of Kinesiology

## REQUEST TO USE LIFEFIT CENTER FOR RESEARCH

### Request Guidelines

1. Please complete and fill out all the fields on the request.
2. You will be notified by email if your request has been approved or denied within two weeks.
3. Once the request is received, it will be reviewed by the Director of the Life Fit Center and the Department Chair of Kinesiology

### Research Information

Title of Research: \_\_\_\_\_

Faculty Involved in Research: \_\_\_\_\_

Email of PI: \_\_\_\_\_

Name of Graduate/Undergraduate  
Students Involved in Research: \_\_\_\_\_

Has IRB approval been obtained?  
If yes, please attach to request. \_\_\_\_\_

Equipment/Space Needed: \_\_\_\_\_  
\_\_\_\_\_

Do you have any participant recruitment needs for this research?: Yes  No

If you answered yes to the question above, please specify:

How many participants?

Is there any anticipated support needed from LifeFit staff, KIN faculty or staff?: Yes  No

If you answered yes to the question above, please specify:

Participant Recruitment Period: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

### For Department/Internal Use Only

Date Received: \_\_\_\_\_ Approved? \_\_\_\_\_