

CHECKLIST FOR STORING RESEARCH DATA

STUDENT NAME: _____

STUDENT NUMBER: _____

RESEARCH ARCHIVE BOX NO: _____

ETHICS APPLICATIONS CHECKLIST

ETHICS APPROVAL LETTERS

CONSENT FORMS

RAW DATA

SUMMARY DATA

PHOTOS/FIGURES (If required)

CD ROMS (If required)

DISKETTES (If required)

SUPERVISOR NAME: _____

DATE: _____

SIGNATURE: _____