

AFFILIATION AGREEMENT

Format (should be on institution letterhead)

Please make sure your Affiliation Agreement follow the following format (you will fill in the underlined portions as it pertains to your research:

Affiliation Agreement: Name of school/agency/company is giving permission to name of researcher, title (student, faculty, etc.) from the college/department at Cardinal Stritch University, to conduct research at name of school/agency/company

Nature of the Research Project: The researcher will conduct a study on title of study. Provide a brief description of the research project. The researcher will require access to data, participants, or other resources necessary to conduct this research.

Contact Person at Name of school/agency/company: The contact person at your organization with whom the researcher is to communicate regarding the research project is

Contact person's name and title

Address

Telephone number

E-mail address.

Contact Person at Cardinal Stritch University: The contact person at Stritch with whom our organization is to communicate regarding the research project is

Your name and title

Address

Telephone number

E-mail address.

Confidentiality of Data: The researcher has agreed to protect the confidentiality of data collected. Participants will not be individually identifiable.

Report: The researcher will share a copy of the final report with our organization upon our written request.

Questions: If there are any questions or concerns regarding this project, please notify in writing and mail to the following address:

Joan L. Whitman COEL, IRB Chair

Cardinal Stritch University

6801 N. Yates Rd. Box 375

Milwaukee, WI 53217

414-410-4343

jlwhitman@stritch.edu

Thank you for your cooperation.

Signature of Research Student

Date _____

Signature of Official of Cooperating Organization

Date _____

Signature of Faculty/Staff/Faculty Advisor

Date _____

Example Affiliation Agreement

School District of Waukesha

222 Maple Avenue

Waukesha, WI 53186

262-970-1015

Dear Mr. Smith:

The Doctoral Department of Cardinal Stritch University appreciates your willingness and cooperation for allowing Joan L. Whitman to conduct research at your facility, School District of Waukesha.

Nature of the Research Project: The research activities are considered part of the normal instructional process. The researcher will conduct a study on and involves the following provide a brief description of the research project. The researcher will require access to data, participants, or other resources necessary to conduct research.

Contact Person: The contact person at your organization with whom the researcher is to communicate regarding the research project is contact person’s name, title, address, telephone number, and e-mail address.

Confidentiality of Data: The researcher has agreed to protect the confidentiality of data collected and participants will not be individually identifiable.

Report: The researcher will share a copy of the final report with your organization upon written request.

If there are any questions or concerns regarding this project, please notify in writing and mail to the following address:

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