

# BETHUNE-COOKMAN UNIVERSITY

SUSTAINING A LEGACY OFFAITH, SCHOLARSHIP AND SERVICE

## Employee Research Participation Form

School of Graduate Studies

640 Dr. Mary McLeod Bethune Boulevard

Daytona Beach, FL 32114-3099

1.866.274.0773; 386.481.2342; Fax: 386.481.2380

www.cookman.edu

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### Student Applicant:

Complete this section and give it to your employer/supervisor.

Student's Legal Full Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
(First) (Middle) (Last)

Permanent Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Student's work telephone# \_\_\_\_\_ cell phone phone# (\_\_\_\_) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Employer/Supervisor of student applying to Bethune-Cookman University:

Dear Sir or Madam:

The undersigned student is applying for admission to the \_\_\_\_\_ graduate program at Bethune-Cookman University. A major component of this program is the action research thesis. This action research thesis will involve applied research of an issue or problem in the student's place of employment or internship. Bethune-Cookman University and the undersigned student request support and permission from your organization/firm for the student to undertake his/her action thesis research at your organization/firm. This research project will also require some occasional assistance from you or other staff members. Bethune-Cookman University is also cognizant of the need for organizational security in terms of patient rights, copyrights, proprietary information, etc. If there are issues of security or privacy that must be taken into account, please note those at the bottom of the page.

Thank you for supporting your employee in this life-changing endeavor. We believe that this program will be of measurable worth to both your employee and you.

Name of Employer/Supervisor \_\_\_\_\_ Title: \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

The above named student has  does not have  permission to conduct his/her action thesis research project at the above named is  
firm/organization pending formal approval of thesis proposal

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone# \_\_\_\_\_ Email: \_\_\_\_\_

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### Privacy/ Security Concerns

There are  are not  privacy/security issues which must be considered. They are: \_\_\_\_\_

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