## Appendix A

## Faculty Request for Participation in IEP/ESL Classes COURSE PROJECTS/RESEARCH

**Department of Applied Linguistics & ESL** 

Date

Semester

Faculty / Grad Student <sup>1</sup> Name			
Graduate Course (if applicable)			
Project title			
Please provide a brief description of the purpose of your and/or student participation in IEP/ESL classes. Include applicable information about the following:			
Observations  (# of students involved, # of potential observations per student, instructor involvement, etc.  [NOTE: If proposal is accepted, you are responsible for providing students with Appendix B and reviewing procedures for requesting observations]			
Interviewing Faculty and/or Students			
(# of faculty and/or students involved, # of contact hours/semester, skill area and level required, incentives, etc.)			
meentives, etc.)			
Data Collection  (# of faculty/students involved, # of class sessions/semester, skill area and level required,			
· · · · · · · · · · · · · · · · · · ·	ies of the participating f		ind level required,
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* Attach any recruitment flyers/notice	es, consent forms, docur	nentation from	IRB (if applicable)
Please include any other comments:			

<sup>&</sup>lt;sup>1</sup> Graduate & undergraduate students who are designing their own research project must have a graduate faculty signature