Research Permit

N.C. Coastal Reserve & National Estuarine Research Reserve

Brandon Puckett, Research Coordinator
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Date: Month/Day/Year _____

Principle Investigator name and title: _____

Address: _____

City:_____State: _____ Zip Code:_____

Email: _____

Phone: _____ Fax: _____

Designated contact person and address (if different from above): _____

_____

_____

Students, please provide the following:

Major advisor: _____

School: _____

Degree sought: _____

Expected number of participants for field work at Reserve: _____

Project Title: _____

Funding sources: _____

Funded amount/year: _____

Project Duration: _____

Project Description (please fill out A-D or attach a concise 1-2 page project summary):

A. Abstract

B. Sampling locations (list both Reserve and non-Reserve sampling locations)

C. Project Objectives

D. Methods

Additional Questions:

How were you informed of the requirement to apply for a research permit? ☐Reserve staff ☐Reserve website

☐Colleagues ☐Other [please specify] _____

Are you aware of the Reserve's long-term water quality and meteorological monitoring data? _____

If so, what data, if any, do you plan to use for your research (e.g., meteorological data from Masonboro Island)?

_____

If not, please contact us or visit http://cdmo.baruch.sc.edu/ for more details.

☐ By checking this box, the applicant agrees to (1) adhere to the research permit terms and conditions listed in the permit guidelines, including the submission of a Final Report at the conclusion of the project and (2) keep Reserve staff appraised of permit deviations.

Please mail or email this application to Brandon Puckett at the contact information above.

Applicant Signature: _____ Date: _____
Note: Typed name will serve as an official electronic signature.

Please include any attachments with your Research Permit Application.

Permit # (to be filled in by Reserve Staff):	

Reserve Research Staff Approval: _____ Date: _____

Permit Expiration Date (maximum duration = 3 years, may be renewed): _____