**Gibson Test of Cognitive Skills (V.2) Research Request**

Please complete the following information to request access to the Gibson Test of Cognitive Skills for use in your research project.

***Researcher Information***

**Your name:**

**Job title:**

**Organization/School:**

**Department:**

**Address:**

**Email address:**

**Phone:**

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***Description of Research Project***

**Working title:**

**Location of study:**

**Funding source:**

**Trial registration:**

**Anticipated number of participants:**

**Expected dates of study:**

**Brief description of the study:***(include topic, research question, and general methods)*

**Number of tests requested and how you plan to use the test in your study:**

**Results dissemination plan:**