

**Indiana University
Office of Underwater Science
Research Project Application**

Project of Interest: _____ Project Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work/School phone: _____

E-mail Address: _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

DIVING HISTORY

Highest Certification Level: _____ Agency: _____ Date of Certification: _____

Number of Logged Dives: _____ Date of Last Logged Dive: _____

Number of Ocean Dives: _____ Number of Fresh Water Dives: _____

Please attach a one page statement indicating why you want to join the project and list the skills you will bring as a productive participant.

A \$100 Deposit is required with submitted application.
The remainder of the fee is due 30 days prior to the project start date.
Please make checks payable to: INDIANA UNIVERSITY

STATEMENT OF UNDERSTANDING

I understand that acceptance to the project is based on adequate diving experience and available space. If I am not accepted, or if I give a minimum of 30 days advanced notice, my deposit will be refunded.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Medical on file _____ Physical on file _____ Liability Form on file _____

Copy of the highest certification on file _____ Copy of the last dive logged on file _____

Deposit _____ Full Fee _____