

Eating Pathology Symptoms Inventory© Application for Translated or Modified Measure

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Lead Researcher Name (printed): _____ Date: _____

Lead Researcher Signature: _____

Institution of Lead Researcher: _____

Lead Researcher Address:

Lead Researcher Phone Number: _____

Lead Researcher Email Address: _____

Graduate Advisor's Name (if a lead researcher is a graduate student): (printed):

_____ Date: _____

Graduate Advisor's Signature: _____

Graduate Advisor's Address:

Graduate Advisor's Phone Number: _____

Graduate Advisor's Email Address: _____

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Proposed Completion Date of the Project: _____

List Names of All Research Team Members to be included in this research:
