

Male Gender Role Conflict Checklist

Contact Person

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Related Publications

RELEASE FORM FOR THE GENDER ROLE CONFLICT SCALE

NAME _____

ADDRESS _____

_____ **ZIP CODE** _____

E-MAIL ADDRESS _____

PHONE _____ **(WORK)**

_____ **(HOME)**

1. _____ Yes, I plan to use the Gender Role Conflict Scale
in my research.

2. Please briefly describe your research project, if possible, including the nature of your sample and any other scales to be used. (Use reverse side if necessary)

3. How many subjects do you expect will complete the GRCS ? _____

4. If this research is a supervised undergraduate thesis, masters thesis or doctoral dissertation, who is supervising your research? Please give faculty member's name, address, and phone number.

Name _____

Email _____

Address _____

_____ Zip Code _____

Phone (If known) _____

I agree to send the results to the study to Dr. Jim O'Neil upon completion of research to be included on the Gender Role Conflict Research Program Web Page and in any future reviews of the literature on men's gender role conflict. This means sending me copies of the thesis, dissertation, convention presentation, and submitted or published journal articles that describe the research's rationale, methods, results, and discussion.

Signature _____ Date _____

Retain one copy of this release for your records and before the research is implemented return one to:

Dr. James M. O'Neil
E-MAIL: Jimoneil1@aol.com

OR

20 Vanderbilt Drive
Narragansett, R.I. 02882

