RESEARCH STUDY REQUEST

I hereby request permission to conduct a research study in the Fargo Public School District during the period from _________________ to _________________.

TOPIC: ........................................................................................................................................

____________________________________________________________________________________

If this request is granted, I agree to abide by Administrative Policy 4800: refer to the FPS web site at www.fargo.k12.nd.us

Signature of Researcher_______________________________________________________________

Institution of Higher Education................................................................................................

Signature of Graduate Advisor__________________________________________________________

Date________________________________________________________________________________

In addition to completing the Research Study Request Form, a copy of the following items are attached for review:

1. Abstract of the project
2. Questionnaire(s) to be used
3. Consent letter to be sent to parents

Endorsement: This request is ____approved ____disapproved

Building Principal:________________________________________ Date: __________

Associate Superintendent:________________________________________ Date: __________

Both signatures above are required prior to conducting a survey at a Fargo Public School.

Please print your name and the mailing address where you want this form returned:

Name:________________________________________________________
Street Address:_______________________________________________
City, State & Zip:_____________________________________________