

100 N. Davis, LaGrange, Georgia 30241
706.812.7900

APPLICATION FOR RESEARCH STUDY IN TROUP COUNTY SCHOOLS
(Revised 11/2019)

Please print or type.

Name: _____ Phone: _____
Last First Middle

Address: _____
Address City State Zip

Employer: _____ Present Position: _____

Business Phone: _____ Email: _____

College or Institute Sponsoring Project: _____

Name of Individual Sponsoring Study: _____

Address of Sponsor: _____

Phone Number: _____

Beginning Date/Ending Date of Study: _____

No surveying of students in Troup County Schools will be permitted without express consent of the Superintendent.

Signature of Supervising Individual: _____

SYNOPSIS OF RESEARCH (purpose, procedure, and anticipated results):

(Attach additional pages, if needed)

POPULATION INVOLVED:

Teachers: Yes _____ No _____ Grade(s) _____ Number _____

Others: Yes _____ No _____ Specify _____ Number _____

Identify Characteristics of Research Subjects:

Specify Amount of Time Needed:

Schools: _____

Number: _____

If you have a preference, list school(s) by name:

Will you need access to students' permanent records? Yes _____ No _____

APPLICANT AGREEMENT/CONDITIONS
FOR CONDUCTING RESEARCH IN TROUP COUNTY SCHOOLS

I understand that no participant(s) or school(s) will be identifiable through this research project. I recognize that the research is not completed until a copy of the results is sent to the address listed below:

Please attach a copy of all correspondence (cover letter, questionnaire(s), etc.) that you intend to send to Troup County staff. Please send this completed application with requested materials to:

Jo Beth Lanier
Director of Research, Assessment & Accountability
Troup County Schools
100 North Davis Road, Building C
LaGrange, GA. 30241

No students will be surveyed as part of this study. I realize that I will be notified in writing concerning the status of this research.

Signature of Applicant

Date

FOR SYSTEM'S USE ONLY:

Date application received: _____

Date applicant notified: _____

Approved _____

Not Approved _____

Authorized Signature

Date