

AGREEMENT FOR RESEARCH STUDY
To be completed by the Investigator and submitted in duplicate.

Topic:

Date:

Name of Investigator:

Phone:

Address:

Investigator's University or Institution:

Purpose of the Study (describe briefly):

Procedure:

Students to be involved:

How many:

Age, grade, or class:

School:

Total time required: During school time:

Out of school time:

Beginning date:

Ending date:

Teachers involved:

How will this study contribute to professional knowledge that can lead to educational improvement?

List and attach the instruments to be used: