



Research Request Cover Sheet

To be completed by REA
Date Submitted: \_\_\_\_\_
Check Amount: \_\_\_\_\_
Check Number: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip Code

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Affiliation with Saint Paul Public Schools: \_\_\_\_\_

Research Proposal Title: \_\_\_\_\_

Is this study part of your work for a degree?

If Yes, for what degree?

University or College: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of IRB approval (if approval is pending, date of application): \_\_\_\_\_

Timeline of Project: Beginning Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Final Report Submission Date to REA (Within 90 days of Completion Date): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature(s) – For All Students \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ School/Location \_\_\_\_\_ Date \_\_\_\_\_
(Required for all buildings that participate. Add additional signature pages or letters of support as necessary.)

Submit \$50 check and one (1) collated copy of all documents to:

Research, Evaluation and Assessment
Saint Paul Public Schools
360 Colborne Street
Saint Paul MN 55102
Electronic Submissions can be sent to:
Laurie.niblick@spps.org