

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: _____