Your future. Our focus.
DAVIDSON COUNTY SCHOOLS

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

Researcher: _____ **Date of Request:**_____

Project Title: _____

Mailing Address: _____

_____

Email: _____

Reason for Study: **Masters Program** ☐ **Doctoral Program** ☐ **Publication** ☐ **Other:** _____

Institution/Affiliation: _____

Department Chair: _____ **Anticipated Start Date:** _____

Anticipated End Date: _____

DCS Personnel Needed (**Approval must be granted prior to staff contact)**				
Personnel	Teachers	Principals	District Staff	Other:_____
Total Number of Participants				
Total Time per Person				

DCS Students Needed: (**Approval must be granted prior to student contact)**			
Total Number of Students	Grade(s)	Time per Student	Schools Requested

Submission Procedures: Please submit the following documents:

1) This completed form.
2) A brief description of your study (Include how you will conduct the study, how it will affect Davidson County Schools, and your plan for correspondence with specific wording you will use to communicate with the individuals listed above).
3) A copy of your IRB approval.

All documents should be mailed or emailed to:

Kemp Smith
Director of Testing and Accountability
250 County School Road
Lexington, NC 27292
ksmith@davidson.k12.nc.us

Questions: (336) 242-5596

Approved:_____ Date:_____ Anticipated Exit Interview:_____