TORRANCE UNIFIED SCHOOL DISTRICT
APPLICATION TO CONDUCT RESEARCH

Please ensure all necessary support documents accompany this research application. Completing this application does not guarantee approval to conduct research. You will be notified of approval within 5-10 school days of the completed application.

Name:_____ Title :_____

University/Organization: _____

Email: _____ Phone:_____

Name of Supervising Educator for the Research: _____

Title: _____ Email: _____

Phone: _____

Title of Research:

Research Question(s):

Please summarize the research project making sure to specifically describe how the research would be conducted in the Torrance Unified School District (TUSD).

Why are you requesting TUSD for your research?

What is the anticipated time required to complete this project:

Describe the potential benefit to Torrance Unified School District students or the educational system:

I understand:

The district does not recruit subjects, reproduce forms or other paperwork for research projects and does not collect and monitor materials.

The district does not allow for the individual interviewing of students.

Research projects may not dispense medications or recommend parents or children to physicians or agencies.

Upon completion, a copy of the results must be submitted to Torrance Unified School District, Educational Services, 2335 Plaza del Amo, Torrance, CA 90501

Applicant's Name (please print): _____Date: _____

Applicant's Signature: _____

Research Approval: _____ Date: _____

Chief Academic Officer