

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

Administrator: _____

Date _____

A copy of this approval form must be presented to the school building principal before conducting any survey. The principal has the final approval to conduct a survey in a school building.

Please print your name and the mailing address where you want this form returned:

Name: _____

Street Address: _____

City, State & Zip: _____