## RESEARCH REQUEST FORM

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<th>Required Approval</th>
<th>Department</th>
<th>Signature</th>
<th>Date</th>
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<td>Superintendent</td>
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<td>Bldg. Administrator</td>
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<td>Other Administration</td>
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Please indicate reactions to this project in writing to the Superintendent or designee.

Name ____________________________ Date ____________________

Address ______________________________________________________

E-mail _______________________________________________________
Phone Number _____________________________  Organization _________________________________
Other ____________________________________

If the study is part of your work for a degree, indicate type of degree:

Undergraduate ______  Masters ______  Specialist ______  Ed.D. ______  Ph.D. ______
Other:

1. DATE OF STUDY:

2. PURPOSE OF STUDY:

3. What request are you making of the Moorhead Area Public Schools? Give specific information on sampling, measuring instrument, time schedule, amount of time required by staff, and number and names of schools to be involved (if known). If non-standardized instruments are to be used, please attach copies.

4. If you have discussed this proposal with Moorhead Area Public School personnel, indicate whom you have talked to and the nature of your discussion.

5. What practical implications does your study have for the Moorhead Area Public School system? (If none, say none, but describe what value the study may have for children in general.)
6. Have you conducted previous studies in the Moorhead Area Public Schools?  Yes _____ No _____
   If yes, give sufficient information about the most recent or pertinent study so that it can be located,
   i.e., date, who your contact was, and title of nature of the study.

7. List the names of all personnel who will be involved in carrying out field operations.

8. Do you have any objection to publicity of your study at this time?  Yes _____ No _____

9. Do you have the support of your supervisor?  (For staff members only)  Yes _____ No _____

10. If you have a formal research proposal, please include it with this request.

   If this request is granted, I agree to abide by School Board Policy 922 and Administrative Procedures for
   implementation.

   Signature of Researcher _____________________________________________ Date _________________

   Institution of Higher Education _______________________________________

   Signature of Advisor ________________________________________________ Date _________________

   Return to:
   Superintendent
   Moorhead Area Public Schools
   2410 14th Street South
   Moorhead, MN  56560