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Date of Submission:

Proposal Number: _____ (E&R use only)

Title of Proposal:

Proposed Project Starting Date:

Ending Date:

Research Applicant’s Name:

Address:

City:

State:

Zip:

Home Telephone Number: Area Code/No. /

Work Telephone Number: Area Code/No. / Ext:

E-mail Address:

Fax: Area Code/No. /

Sponsor of Research Project

Facility, Staff or Agency:

Address:

City:

State:

Zip:

Home Telephone Number: Area Code/No. /

Work Telephone Number: Area Code/No. / Ext:

E-mail Address:

Fax: Area Code/No. /

RESEARCH OVERVIEW

Participants	Sample Size	Description (Schools, Grades, Demographics)	Time Required	Data Required (From Participants or WCPSS Records)
Students				
Staff @WCPSS				
Parents				
Others				

COMMENTS:

1. Ultimate Purpose of Study (Thesis, Publication in Journal):
2. Describe how this study will contribute to the Wake County Public School System
3. Description of anticipated contribution to theory or field:
4. Hypotheses of the study:
5. Brief summary of research design including statistical analysis procedures:
6. State whether this is a single study, or one of a series planned or contemplated.
7. Describe how the equipment or procedures to be used might constitute a potential emotional or physical hazard to subjects.
8. List at least three prominent research studies, articles, or books most pertinent to the field of this research:
9. List equipment and names of tests to be used. (Attach descriptions or copies of test instruments.)
10. Facilities needed:
11. Source of research funds:

Assurances:

As the applicant of the research project, I understand that I am requesting assistance in a research project and that I am not requesting information pursuant to Open Records legislation. If my request for research assistance is granted, I agree to abide by all policies, rules, and regulations of the district **INCLUDING THE SECURING OF WRITTEN PARENT PERMISSION PRIOR TO IMPLEMENTATION OF MY PROJECT.**

As the sponsor for the research project, I have read the procedures for External Research in the Wake County Public School System (WCPSS) and understand that supervision of this project and responsibility for a report on its outcome rests with me. The privilege of conducting future studies in Wake County Public School System is conditioned upon the fulfillment of such obligations.

Applicant Signature: _____ Date: _____
(Required)

Sponsor Signature: _____ Date: _____
(When applicable)

SUBMIT 3 COPIES OF THE SIGNED APPLICATION TO:

Assistant Superintendent
Evaluation and Research Department
Wake County Public Schools
3600 Wake Forest Road
Raleigh, NC 27609