



Research Study Request Form

Administrative Procedure: 922.1

Date Adopted: 3/11/1980

Dates Reviewed: 1/14/99, 2/27/2006, 11/16/2009, 11/10/2014

Section: 900 COMMUNITY RELATIONS

Date Revised: 5/29/2018

RESEARCH STUDY REQUEST FORM

Required Approval	Department	Signature	Date	Approval	
				Yes	No
	Superintendent				
	Building Administrator				
	Other Administration				

Please indicate reactions to this project in writing to the Superintendent or designee.

Name _____ Date _____

Address _____



MOORHEAD
AREA PUBLIC SCHOOLS

Independent School District 152

Probstfield Center for Education

2410 14th St. S., Moorhead, MN 56560 ■ Fax: 218-284-3333

www.moorheadschoools.org

■ Superintendent: 218-284-3330

■ Assistant Superintendent for Learning and Accountability: 218-284-3310

■ Human Resources and Operations: 218-284-3350

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 nonstandardized 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.)



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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