

VIGO COUNTY SCHOOL CORPORATION  
REQUEST FOR PERMISSION TO DO RESEARCH

FILE: LC-E & IFA-E

**NOTE: In accordance with established policies and procedures, research requests must be approved by the Associate Dean of Administrative and Instructional Services, School of Education, Indiana State University, before submission of this form to the Superintendent of Vigo County School Corporation.**

TO: SUPERINTENDENT

FROM: \_\_\_\_\_  
Name Position

CONTACT ADDRESS \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

SUBJECT: \_\_\_\_\_  
(Nature of Request to do Research)

1. Grade Levels Involved: \_\_\_\_\_
2. Number of Pupils: \_\_\_\_\_
3. Name of Schools: \_\_\_\_\_
4. Amount of Pupil Time: Daily Basis \_\_\_\_\_ Cumulative Basis \_\_\_\_\_
5. Starting Date: \_\_\_\_\_
6. Completion Date: \_\_\_\_\_
7. Responsibilities of:
  - a. Teacher \_\_\_\_\_
  - b. Principal \_\_\_\_\_
  - c. Investigator \_\_\_\_\_
  - c. Pupils \_\_\_\_\_
8. Brief Summary of Project Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Attach one copy of the complete research proposal and mail to:

Executive Director of Elementary Education  
Vigo County School Corporation  
686 Wabash Avenue, P. O. Box 3703  
Terre Haute, IN 47803-0703

FOR VIGO COUNTY SCHOOL CORPORATION USE ONLY

Recommendation of Review Committee (Members)	Approved	Denied	Additional Information Needed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date \_\_\_\_\_