

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 _____