



RESEARCH REQUEST AT NEW TRIER HIGH SCHOOL DISTRICT 203

Researcher's Name: _____

Research Proposal: _____

Short Title: _____

Principal Researcher(s): _____

Organization: _____

Address: _____

Website: _____

Phone: _____ E-mail Address: _____

Is this part of work toward a degree? No Yes If yes, please check below:

PhD EdD MA/MS Undergraduate Other

University or College: _____

Please attach the following to your Research Request:

- Brief description of the research proposal
- Statement of research benefits to New Trier High School District 203
- Copy of informed consent letter to study population
- Outline of research design with sampling and data collection methodologies
- Copies of measurement instruments
- Proposed analysis plan
- Detailed timeline of actions
- Funding sources
- Copy of IRB (Institutional Review Board) application

Researcher's Signature: _____ Date: _____