



RESEARCH PROPOSAL APPLICATION

I. General Information

Date
Researcher(s) Name
Name of Research
Address City Zip
Email Phone#
Level of research: (please circle one) Doctoral Masters Other X
Preferred campus research location (s)
Numbers involved: Classroom Teachers Students Principal
Beginning date Ending date

II. Research Procedures and Needs: Provide a one or two page summary of proposed research, which includes:

- A. Purpose of the research
B. Research procedures (include description of tests or surveys to be used, information to be obtained from the district, or any special procedures or equipment needed or to be used).
C. Time requirements (specify class time, out-of-class time for students and teacher/administrator time required).
D. Financial requirements (specify any costs the district is expected to cover).

III. Feedback to the District:

Anyone conducting research in the Denton ISD is required to submit to the district a summary of all results obtained in the research. The departmental chairman will be notified when this requirement is not met. Doctoral students doing a dissertation should provide a copy of the dissertation to the Denton ISD.

IV. University Approval:

Major professor name Signature (Digital Signature Required)
Department University Phone

V. Number of copies: One copy of this request must be prepared for the Division of Academic Programs to be submitted along with Proposal.

VI. Use of Data:

Use of the data for publication must receive prior approval from the District. In all instances the anonymity of the district, its employees and its students must be maintained.

OFFICE USE ONLY

Approved Disapproved Ms.Susannah O'Bara, Area Superintendent Date
Approved Disapproved Dr. Gwen Perkins, Area Superintendent Date
Approved Disapproved Dr. Lacey Rainey, Area Superintendent Date
Approved Disapproved Dr. Jeffrey Russell, Area Superintendent Date
Approved Disapproved Dr.Richard Valenta, Deputy Supt. Date
Approved Disapproved Campus Principal Date