



Research Request Cover Sheet

To be completed by REA
Date Submitted: _____
Check Amount: _____
Check Number: _____

Name: _____

Organization: _____

Department: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Alt. Phone Number: _____

E-mail Address: _____

Affiliation with Saint Paul Public Schools: _____

Research Proposal Title: _____

Is this study part of your work for a degree?

If Yes, for what degree?

University or College: _____

Advisor's Name: _____ Phone Number: _____

Date of IRB approval (if approval is pending, date of application): _____

Timeline of Project: Beginning Date: _____ Completion Date: _____

Final Report Submission Date to REA (Within 90 days of Completion Date): _____

Applicant's Signature Date

Advisor's Signature(s) - For All Students Date

Principal's Signature School/Location Date
(Required for all buildings that participate. Add additional signature pages or letters of support as necessary.)

Submit \$50 check and one (1) hard copy of all documents to:

Research, Evaluation and Assessment
Saint Paul Public Schools
360 Colborne Street
Saint Paul MN 55102