

**Allentown School District  
Office of Accountability and Assessment**

**RESEARCH APPLICATION**

<b>Name:</b>	<b>Telephone:</b>
	<b>Alt. Telephone:</b>
<b>Mailing Address:</b>	<b>Primary Email address:</b>
<b>Title of Study</b>	<b>Duration of Study</b>
<p><b>Identify all schools, divisions, and offices involved and briefly describe this involvement. (Attach one extra sheet if necessary)</b></p> <p><b>Have you contacted any schools or individuals? If yes, whom?</b></p>	
<p><b>Write a brief statement of purpose of research, and indicate what assistance, if any, is being requested from the district, beyond permission to conduct the study. (THIS SPACE ONLY):</b></p> <p><b>How and to which goal(s) does this research align?</b></p>	
<b>Signature of Applicant:</b>	<b>Date Submitted:</b>
<p><b>For OAT use only</b></p> <p><b>Date received:      RRC Proposal Number: _____</b></p> <p><b>Date Reviewed:</b></p>	
<p><b>Type of Submission:</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Amended</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Expanded</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Action Taken:</b></p> <p><input type="checkbox"/> Approved as Submitted</p> <p><input type="checkbox"/> Declined/Rejected</p> <p><b>Date:</b></p>