

External Research Request
APPLICATION COVER PAGE

Name of Applicant (Principal Investigator)

Date

Title of Study

How does the study benefit EPISD?

Schools/Departments Affected

Sponsor(s) (*Note - See definition below)

Dates of Research

Anticipated submission date of final report to Research Review Panel

*Sponsor :	<p><i>Applicant's Immediate Administrator (Director/Principal) (required for district employee)</i> <i>Applicant's Chairperson/Faculty Advisor (required for Master's/Doctoral students)</i> <i>District Associate Superintendent Approval (required for outside research agencies)</i> <i>Principal/Director at EACH participating study site</i></p>
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