

APPLICATION FOR CONDUCTING RESEARCH STUDIES IN CHILLIWACK SCHOOLS

Name: _____ Date: _____

Organization/Institution: _____

Research Project Description:

How does this research contribute to education?

Who will participate? (teachers, students, administrators, how many, what level)

Timeline for Survey and Research Completion:

Attach:

sample questionnaire

parent consent form

ethics committee approval

faculty advisor's support

RETURN TO:
Superintendent of Schools
8430 Cessna Drive
Chilliwack BC V2P 7K4
tel: (604) 792-1321 fax: (604) 792-9665