

# OFFICE OF CHARTER SCHOOLS

School of Education  
University of Wisconsin-Milwaukee  
2400 E. Hartford Avenue-ND 582  
Milwaukee, WI 53211  
Phone: 414-229-4682 Fax: 414-229-2670  
www.chartersch.soe.uwm.edu

## Research Request Form

### Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip Code

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Will this research be used as partial fulfillment requirements for a degree? \_\_\_\_\_  
YES NO

If you indicated **YES** check the following:

\_\_\_\_\_ Ph.D \_\_\_\_\_ Ed.D \_\_\_\_\_ M.A. / M. \_\_\_\_\_ Undergraduate \_\_\_\_\_ Other

University or College: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Advisor's Name and Title: \_\_\_\_\_

Academic Department: \_\_\_\_\_

### Business or Educational Affiliation

Organization or School: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Contact or Faculty Advisor: \_\_\_\_\_

Position Title: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET

### GENERAL DESCRIPTION OF RESEARCH

1. Research title and purpose of study? If this study will be completed as partial fulfillment of requirements for an undergraduate or graduate degree, attach a copy of your research proposal to your institution.
2. Provide specific information on your study's experimental design, sampling, measuring instruments and data collection procedures. It should clearly state the number of individuals (students, staff, etc.) and schools involved and the study's timeline.
3. **What practical implications or use does your study have to the Office of Charter Schools? (If uncertain, describe what value the study may have for children in general.)**
4. Describe the methodology and/or procedures you will use to report the findings of your study to the Office of Charter Schools.
5. If your study is connected to an educational institution, have you received permission for this study from your institution's Human Subjects committee? Attach a copy of the approved permission form if applicable.
6. List any other individuals who may assist you or take a role in your research. (Example: research supervisor, research investigator, other researchers.)

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### RESEARCH CONDITIONS

- Individuals wishing to conduct research with the Office of Charter Schools must make a written request.
- All research requests will be reviewed and approved by a committee. Researchers will be contacted and will receive a written response regarding their proposed research study.
- Approval **does not guarantee participation of a particular school if the research project interferes with the educational process of that school.** The principal along with the director of the Office of Charter Schools will make the final decision of projects requiring school participation.
- Researchers will guarantee anonymity of any individuals unless approval is given by director of the Office of Charter Schools. This will be done by signing the UWM Office of Charter School's Confidentiality Agreement.
- Research activities other than those described in the approved research proposal are not to be used without written permission from the director of the Office of Charter Schools.
- Violation of any requirement stipulated by the Office of Charter Schools and the University of Wisconsin-Milwaukee may result in revoking permission to conduct research with the Office of Charter Schools and the University of Wisconsin-Milwaukee.

I hereby verify this form was completed truthfully and that there will be no deviation from the research request specifications submitted unless prior authorization is given. I will comply with **all** regulations, policies and any other conditions related to conducting research with the Office of Charter Schools, required by the University of Wisconsin-Milwaukee including the Human Subjects Review Protocol. I will provide a copy of my research and provide a summary or abstract of the study to the Office of Charter Schools.

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Signature

Date

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Signature of Advisor or teacher (if appropriate)

Date

Mail to:

OFFICE OF CHARTER SCHOOLS  
School of Education  
University of Wisconsin-Milwaukee  
PO Box 413  
Milwaukee, WI 53201-0413