REQUEST FOR EXTENSION OF RESEARCH ACTIVITIES

A Request for Extension of Research Activities must be received 30 days prior to the expiration date identified on your approval letter. You may not conduct research beyond the expiration date without an approved extension.

**Primary Researcher:** ________________________________________________________________

**Title of Research:** ________________________________________________________________

**Original Approval Date:** ____________     **Original Expiration Date:** ____________

1. **Provide a brief update concerning your research activities** (e.g. number of participants enrolled, data collected, response rate, challenges, successes, etc.).

2. **Explain the reason why additional time is needed to complete your study.**

3. **Describe any modifications to the original research design approved by PCPS.**

4. **Propose a new timeline for completion of research activities.**

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**Instructions:** Please provide a thorough response and/or rationale to the information requested. Polk County Public Schools has the prerogative to require further documentation if needed.

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**I certify that the information provided to Polk County Public School’s Office of Assessment, Accountability, and Evaluation is truthful to the best of my knowledge.**

**Signature of Primary Researcher:** ___________________________     **Date:** ____________

If completing research from a university or institution, please provide the following:

**Signature of Sponsor:** ___________________________     **Date:** ____________

**Title of Sponsor:** ____________________________________________

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Revised 06/2018