SUSPENSION OF RESEARCH ACTIVITIES

This form must be completed by approved research projects that have decided to postpone or terminate their research activities at Polk County Public Schools.

Primary Researcher:

Title of Research Study:

Date:

What is the intended action of your research study? Select only one of three choices. If you decide to postpone until a future date, provide an estimated date for resumption of research activities. Any request to postpone research activities may result in restarting the research application process.

☑ Postpone Until ________________

☑ Postpone Indefinitely

☑ Terminate Research Study

What are the primary reasons for suspending your research activities? Provide a statement detailing reasons for temporarily and permanently suspending your research activities.

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: ___________________________________________________________________________________