

Commonwealth of the Northern Mariana Islands Public School System
Memorandum of Agreement
Research Request Application
(Used as Appendix A in MOA)

The CNMI PSS has developed a process whereby external researchers may request extant data from the PSS to conduct research and program evaluation studies aligned with the PSS' goals. Everyone requesting access to these data must complete this Research Request Application and submit it to the PSS' Research Review Team for processing. If the research project is approved and the data requested are available, a Memorandum of Agreement will be developed and must be signed before any data are disclosed. Please fully complete each section of the application. If any fields are left blank, the application will not be considered.

I. Contact Information

Researcher Name: _____

Organization (If applicable): _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date Sent to Agency: _____

II. Background Information About the Study

Title of Research Study: _____

Describe the objectives of the study and any hypotheses to be tested:

Project Start Date: _____ Project End Date: _____

Is this a one-time or recurring project? One-time project Recurring project

Note: Following this initial data request for a recurring project, similar data may be requested through an addendum to the Memorandum of Agreement approved by the PSS.

Is the project externally funded? Yes No

If yes, indicate the source and amount of funding:

III. Purpose of the Study

Why is the study being conducted?

What potential benefits will this have for the Public School System, CNMI schools, educators, policymakers, and/or researchers?

What are the anticipated benefits of the proposed study to participants?

IV. Research Questions and Design

List your research questions below.

Describe the design of the proposed study and the methodology that will be used to address each of the aforementioned research questions. Use enough detail to ensure that the PSS can assess the extent to which your proposed research project will meet the objectives you have provided in part II of this application. Describe the population to be studied, data collection, analysis, and interpretation procedures to be used. Use as much space as necessary. You may include attachments if relevant.

V. Data Requested

To the best of your ability, please list the data elements you are requesting in order to complete the proposed research project. For each data element, please also list the unit(s) of analysis for your research (e.g., student, school, district), the school year(s) for which you are requesting information, and a brief justification for why the element is needed

Data Element	Units of Analysis	School Year(s) Desired	Justification for Need

VI. Data Collection Instruments/Protocols

If you intend to use data collection instruments/protocols as part of your research/evaluation project, please list them below. Include the audience from whom you intend to collect this information and the justification for the instrument or protocol. Draft versions of these data collection instruments, if available, must be attached to this application.

Instrument/Protocol Type	Audience	Justification for Need

VII. Human Subjects Protection and Institutional Review Board

Describe how Institutional Review Board (IRB) approval will be sought for this study. Provide evidence of the IRB's review and the status, whether exempt, approved, or otherwise.

Describe the training you have received regarding the protection of human subjects and confidentiality. Indicate the date of any coursework or training. Include an attached certificate if applicable.

Describe the security procedures that will be used to protect the security and privacy of the information provided by the PSS for this study. Who will have access? How will the information be stored? How and when will the data be destroyed?

VIII. Reporting

List all anticipated reports and products that will result from this study.

Report Title	Untended Audience	Expected Date of Completion	Dissemination Plan

Please send this completed application, along with any applicable attachments to:

CNMI Public School System
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Saipan, MP 96950
pss.coe@cnmipss.org