Institutional Review Board
Research Proposal Submission Form

**Instructions: The Principal Investigator must submit this form and copies of all proposed recruitment materials, survey instruments/interview protocols and consent forms to the IRB Chair for review. If the research proposal is for a Master's thesis or Doctoral dissertation, you must also submit your Chapter 1 to the IRB Chair for review.**

**Consent forms must include the following (Please check the following boxes to ensure that your consent form meets these criteria):**

**__description of the project**
**__statement of right to withdraw**
**__statement of confidentiality**
**__explicit statement of consent**
**__contact information**
**__statement of risks/benefits**
**__description of any costs, credits, or payments**
**__ IRB Training Certificate (Secured at:** https://phrp.nihtraining.com/index.php
**__a line for signature and date**

1. Title of Protocol

   _____

2. Principal Investigator Contact Information (Please refer to the IRB policy on PI Eligibility)

   A. Name_____
   B. Title_____
   C. STU Email Address_____
   D. Phone Number_____
   E. Program_____
   F. Department_____
   G. College_____

3. Student Investigator Contact Information (if applicable)

   A. Name_____
   B. STU Email Address_____
   C. Phone Number_____
   D. Program_____

4. Co-Investigator Contact Information (if applicable)

A. Name_____
B. Title_____
C. Email Address_____
D. Phone Number_____
E. Institutional Affiliation _____
F. Program_____
G. Department_____
H. College_____

5. Type of Proposal (check one)

   New Proposal___ Continuation/Renewal___ Revision___

6. Proposed Start Date

   _____

7. Proposed Duration of Research

   _____

8. Where will the research be conducted?

   _____

9. Briefly describe the proposed research project.

   _____

   _____

   _____

10. Is your project funded by an external (non-STU) sponsor or agency? Please check one. If Yes, please list funding source.

    No___ Yes___ Funding Source: _____

11. Will your research involve any of the following populations? Please check all that apply.

    Children under age 18___ Incarcerated prisoners___ Mentally ill/disabled____ N/A____

12. Will any payment or course credit be awarded to participants? Please check one. If Yes, please specify the type of compensation. If the compensation is course credit, please indicate which alternative means of obtaining course credit will be available to students who do not wish to participate.

    No___ Yes___ Type of Compensation: _____

13. What are the source(s) of your proposed research (interviews, surveys, statistical data sets, etc.)?

    _____

14. Who are the source(s) of your proposed research (STU students, healthy adult volunteers, etc.)?

    _____

15. What are the risks associated with participation in the proposed research project (minimal risk, use of deceptive techniques, use of private records, etc.)?

    _____

16. What are the benefits associated with participation in the proposed research project (stress relief, contributions to the discipline, etc.)?

    _____

17. How do you plan to recruit your participants (email, flyers, U.S. Mail, social media, etc.)?

    _____

Principal Investigator Signature:_____ Date:_____

Student Investigator Signature (if applicable):_____ Date:_____

Co-Principal Investigator Signature (if applicable):_____ Date:_____

*Note: The STU IRB reserves the right to request additional information as necessary to make an appropriate determination of research eligibility.*

DO NOT WRITE IN THIS SPACE

Date Received: _____

Protocol Qualifies for: Full Review___ Expedited Review___ Exemption___