

Institutional Review Board

Research Protocol Application Form

Instructions: Consideration for approval will be limited to complete Research Protocol Applications. The Principal Investigator must submit a complete and signed application form (see below), a consent form reflecting the prescribed template, respondent recruitment materials, and survey instruments or research questions appropriate for interviews, focus groups, etc. for consideration. Additionally, all Principal Investigators, Co-Principal Investigators, and Collaborators having access to data treatment, collection, or analysis must complete and submit “Protecting Human Research Participants” training provided by the Collaborative Institutional Training Initiative (CITI).

1. Title of Protocol

1. Principal Investigator Contact Information (The PI designation is reserved for full-time STU Faculty/Staff)
2. Name
3. Title
4. STU Email Address
5. Phone Number
6. Program
7. Department
8. College
9. Co-Investigator Contact Information (The Co-Investigator designation is reserved for adjunct and part-time faculty, and faculty/staff members at collaborating universities)
10. Name
11. Title
12. Email Address
13. Phone Number
14. Program
15. Department
16. College
17. Institutional Affiliation
18. Student Investigators (The Student Investigator designation is reserved for Graduate and Undergraduate students currently enrolled at STU)
19. Name
20. Title
21. STU Email Address
22. Phone Number
23. Program
24. Department
25. College
26. Type of Proposal (Please only check one)

New Proposal \_\_\_ Continuation/Renewal \_\_\_ Revision \_\_\_

1. Expected Dates of Research

1. Location of Data Treatment, Collection, & Analysis

1. Description of Proposed Research Project (Please clearly articulate the purpose and hypotheses and/or research objectives)

1. Project Funding (Please check one)

No\_\_\_ Yes\_\_\_ If yes, please note the funding source:

1. Sample (Please describe the respondents, sampling technique, and recruitment strategy)

1. Vulnerable Populations (Please check all that apply)

Children Under Age 18\_\_\_ Incarcerated Prisoners\_\_\_ Mentally Ill/Disabled\_\_\_\_ N/A\_\_\_\_

1. Compensation (Please check one)

No\_\_\_ Yes\_\_\_ Type of Compensation:

1. Research Methodology (Please explain the data treatment, collection (e.g. existing data set, instrumentation, research protocol for personal interviews/focus groups, etc.), and analysis processes)

1. Risks (Please list the associated risks for the respondents willing to participate in the research study)

1. Benefits (Please list the associated benefits for the respondents willing to participate in the research study)



IRB Institutional Review Board – Signature Page

Please sign below confirming that all of the provided information is accurate and in accordance with methodological standards set forth by the Collaborative Institutional Training Initiative (CITI) for research ethics and compliance.

Principal Investigator Signature: Date:

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

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

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

Student Investigator Signature (if applicable): Date:

Program Director/Coordinator: Date:

Program Director/Coordinator Name & Corresponding Unit:

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