

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, CITI certificate and data collection instruments or research questions appropriate for the study such as interviews, focus groups, survey, site approval if applicable, etc. for consideration. Additionally, dissertation chairs, 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/study
2. Principal Investigator Contact Information (undergraduate or graduate student investigator or study investigator)
   1. Name
   2. Name of dissertation chair
   3. Title
   4. STU Email Address
   5. Phone Number
   6. Program
   7. Department
   8. College
3. Co-Investigator Contact Information (The Co-Investigator designation is reserved for co- study researchers if applicable)
   1. Name
   2. Title
   3. Email Address
   4. Phone Number
   5. Department
   6. College
   7. Institutional Affiliation
4. Type of Proposal (Please only check one)

New Proposal

Continuation/Renewal

Revision

1. Expected Dates of Research
2. Location of Data, Collection, & Analysis
3. Description of Proposed Research Project (Please clearly articulate the purpose of the study)
4. Project Funding (Please check one)

No

Yes

If yes, please note the funding source:

1. Sample (Please describe briefly the study population, sampling technique/approach, and recruitment strategy)
2. 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
2. Risks (Please list the associated risks for the respondents willing to participate in the research study)
3. 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:

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