



SHAWNEE COMMUNITY COLLEGE OFFICE OF INSTITUTIONAL RESEARCH

Request for Approval of Research

Please complete the following research proposal application. Research may not begin until application has been approved. Questions regarding this form or the application process may be directed to the Director of Institutional Research, (618) 634-3349, ir@shawneecc.edu

RESEARCHER/ORGANIZATION INFORMATION

Date: _____ Researcher name: _____

Researcher institution/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Purpose of Study:

Graduate/postgraduate research

Marketing

Research organization

Other please explain:

PROPOSED TARGET DATES

Begin Study: _____

Complete Study: _____

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PROJECT INFORMATION

This section must be completed for review of application. Surveys requested by staff or faculty may be approved through an interview process by the Director of Institutional Research. If you are external to SCC, please provide a copy of your approved IRB from your institution.

Project Title: _____

Researcher Identification:

Please provide the name, affiliation and contact information of any other researchers on this project, including advisor, transcriptionist, etc.

Research Summary:

Please summarize the objectives and significance of the research.

Data Collection:

Please explain how confidentiality will be maintained during the after data collection.

Participants:

Describe who will participate in this research and how these persons will be recruited. Describe any incentives given to participants (example, gift cards, t-shirts, etc.).

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Dissemination of Results:

What is (are) the proposed form(s) of dissemination (i.e., journal article, thesis, dissertation, academic paper, conference, sharing with industry or profession, etc.)?

Individually Identifiable Information:

Will any individually identifiable information, including images of subjects, be published, shared, or otherwise disseminated? Please mark the appropriate box below.

Yes

No

External Requests Only

1. What are the benefits of this study to Shawnee Community College?

2. Identify any other approving agencies/offices involved with research.

3. Will SCC be granted access to data?

Yes

No

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INVESTIGATOR ASSURANCES

I certify that the project I intend to carry out at Shawnee Community College will occur as described in this application. I will notify the Office of Institutional Research of any changes to the project in advance of making such changes.

Responsible Project Investigator Signature: **X** _____

Date: _____

FOR OFFICE USE ONLY: Recommendations and Actions

Request has been:

Approved

Denied

X

April Teske

Director of Institutional Research