**

Institutional Review Board
Research Application Form

**Note**: IRB approval may be granted only for human subjects research conducted by Lone Star College faculty, staff, students (on or off-campus), and eligible external applicants.

**E-mail completed form along with any attachments to** Pamela.U.Wyatt@lonestar.edu

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Check One: | [x]  | New | [ ]  | Continuing | [ ]  | Modification |

|  |
| --- |
| **Project Title: Working Project Title** |
| **Principal Investigator: Name of Faculty Mentor/Professor who serves as the Principal Investigator****(may not be an undergraduate student at LSC)** |
| **Investigator connection to LSC (if any): Professor of (Discipline)** |
| **Investigator E-Mail Address: Faculty Mentor’s email address @lonestar.edu** |
| **Investigator Phone Number: Faculty Mentor’s Campus Phone #** |

**Project Type: check one**

[ ]  Faculty Research [ ]  Student Research [ ]  Student class project

 (under faculty direction) (under faculty direction)

[x]  LSC Honors Project [ ]  Federal grant [ ]  Non-federal grant

[ ]  Thesis or dissertation [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Institution Conducting Study: Lone Star College-CyFair** |
| **Faculty Sponsor (if outside institution):** |
| **Proposed Start Date: Date you plan to begin survey/interview** |
| **Duration of Study (months):** |
| **Research Locations: Campus or other locations used** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name:** | **E-Mail** | **Primary Phone** |
| **Co-Investigator(s):** |  |  |  |
| **Student Investigator(s):** | **Student Name** | **Student Email Address** | **Student Phone Number** |
| **Other:** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Project Description: Check Yes or No** | **Yes** | **No** |
| 1. Will you be requesting data from the LSC Office of Analytics & Institutional Reporting (AIR)?
 |  | **X** |
| 1. Does this project or study involve collection of data that identifies individuals (e.g., cohort databases include SSN# data on individuals, surveys, or interviews identifiable by name or student number etc.)?
 |  | **X** |
| 1. Will data identifiable by individual be shared with anyone (such as in a performance report for a funding source, conference presentations, published articles and reports, etc.)?
 |  | **X** |
| 1. Are the participants being offered one or more of the incentives to participate (such as money, extra credit for the class, etc.)? If yes, list the incentive(s) here.
 |  | **X** |
| 1. Is participation in this project or study voluntary for the individuals participating in the program or study?
 | **X** |  |
| Will participants be videotaped or audiotaped during the project or study? Select appropriate box |  |  |
| 1. Will participants be fully informed about the benefits and any risks?
 | **X** |  |
| Will participants’ privacy and personal information be protected? | **X** |  |
| 1. Will participants be debriefed following completion of the project or study?
 | **X** |  |
| Will participants, prior to the project, indicate informed consent to participate by completing and signing a written form?  | **X** |  |
| Are data sources clearly identified (such as interviews, survey, existing project data such as services received, reports, grades, existing school records, focus group, etc.)? | **X** |  |

**Please answer all questions below.**

 **(There is no character limit – field will expand as you type.)**

**1.**  State the overall objectives and specific aims of the research.

|  |
| --- |
| The objective of this research is to (state the objectives of your research project- this statement should mirror what you state in section II of your NOI) |

2. Who are the subjects and how will they be recruited?

|  |
| --- |
| The subjects will be state subjects clearly (example: students, staff, faculty on the LSC\_ \_\_ campus; business owners, members of the public)Convenience sampling methods will be used, and subjects will be provided with informed consent prior to completing the survey or interview. |

3. Describe the procedures to be used for data collection and whether data collection will be confidential, private or anonymous. Describe who will have access to the records and what will happen to data after completion of study.

|  |
| --- |
| All data will be confidential and anonymous. There will be no identification on the survey and/or interview materials except the signature on the informed consent. Only the principal investigator **(Faculty Mentor Name)** and **(Student Name)** will have access to survey responses. At the conclusion of the study, surveys will be kept in a locked file room within the department. All material will be shredded upon the student investigator’s completion of their Associates Degree. |

4. What risks are faced by subjects participating in this research, e.g., injury, pain, emotional distress, or invasion of privacy? What measures will be taken to minimize these risks?

|  |
| --- |
| There is no risk of injury, pain, emotional distress or invasion of privacy by participating in the study. Subjects have the option to withdraw at any time. The consent form will include an introduction of the student investigator, purpose of the survey or interview, and an explanation of the risks and benefits. |

5. Will there be any costs to be borne by subjects by virtue of their participation in this research?

|  |
| --- |
| No cost is incurred by participating in the study. |

6. Will there be any compensation or reimbursement to subjects in this research (i.e. monetary payments, course credit, services etc.)?

|  |
| --- |
| There will be no form of compensation or reimbursement to the subjects for their participation. |

7. What are the likely benefits of this research to the subjects as well as to public knowledge?

|  |
| --- |
| The subjects of this research and the public will benefit from the knowledge gained regarding (state potential benefits of the research) |

8. How will information be disseminated at the close of the study (i.e. dissertation, presentation, publication). If information is for classroom or institutional use, please describe. Please include how participant confidentiality will be protected during dissemination. Please be sure to include whether or not you will be disseminating any participant information. ***The statement, “no identifiable information, about the faculty/staff participants, will be presented or published” must be included in your response (if that is the case).***

|  |
| --- |
| At the conclusion of the research study, all data will be collected and examined by **(Student’s Name)** and the primary investigator **(Faculty Mentor’s Name).** All data collected in this study will be shared anonymously and participant comments or views will not be in any way identifiable Conclusions of the study may be presented at the Lone Star College-CyFair Honors Undergraduate Research Conference on Friday, May 3, 2019. This project may be selected for future presentation at a regional or national conference based upon the rating received for the presentation at the campus conference. |

**ATTACHMENTS:**

Please attach all documents that apply to your proposal here.

* Informed Consent Form (first page on letterhead of organization sponsoring study)
* Surveys, questionnaires, or other data gathering forms
* Any disclosures explaining risks or procedures
* Letters of approval from cooperating entities
* Any approvals or documentation from external IRBs
* Letters, flyers, questionnaires distributed to subjects or posted to recruit
* NOI-IRB: Notice of Intent is **required**, to be signed by president(s) of LSC college(s) at which you will collect data or conduct research
* Principal Investigators are **required** to submit a Human Subject Protection Training certificate with their application. NIH offers a 1-2 hour online training course, which can be found at

<http://phrp.nihtraining.com/users/login.php>. Please attach your certificate here. Applications without training certificates will not be reviewed until the training is complete. Training from NIH must be renewed every year, so please be sure your certificate is up-to-date.