Internal IRB Approval Form for Human Subject Research

I. Primary faculty/staff responsible for conducting data collection/study:

Name: _____
Email:_____Telephone:_____

2. Purpose for collecting the data; How will the data be used?_____
_____

3. Describe the following aspects of the data collection and study.
method (e.g. surveys, focus groups, interviews, etc.) _____
location (e.g. on-campus, off-campus, online, in/out-of class)_____
subject or audience (e.g. student, faculty, staff) _____
period (start date, end date, and time(s)) for collecting data _____

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4. Will identifiable data be collected of participants? ☐Yes ☐No

5. Will any type of compensation, payments, or gifts be given to the participants? ☐Yes ☐ No

6. Attach the instrument (e.g. survey or interview questions) that will be used to collect data.

7. How will the personal data (if applicable) be kept confidential and secure during and after the study?_____
_____
_____

8. Statement of Confidentiality: All data shall be treated confidentially and not shared without the participant's prior consent. Do you affirm that you will have each participant to complete a consent form, prior to collecting information, and that evidence thereof is provided to the IRB Committee prior to collecting data from subjects? ☐Yes ☐No

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Print Name (Faculty/Staff Responsible) Signature Date

For IRB Committee Use Only

IRB Committee Member Reviewer: _____
Committee Member's Questions, Concerns, Comments:_____
_____
_____

Approval: ☐Yes ☐No

Print Name (IRB Chair) Signature Date