

INSTITUTIONAL REVIEW BOARD

**Research Proposal Form**

**Directions: Please fill out this form in its entirety. All fields must be complete, and all questions must be answered. Please review for coherence and correctness. Ensure your research chair/professor has reviewed and approved this form and all required addenda prior to submission. For this form, the research chair/professor is defined as the person supervising the student’s research project. Proposal forms with errors of fact, errors of omission, or writing errors will be returned for correction.**

Date Submitted:

Student Researcher(s):

Student Address:

Student(s) E-mail:

Student Telephone Number: Research Chair/Professor Name: Research Chair/Professor E-mail:

Research Chair/Professor Telephone Number:

Title of Research Project:

**For research requiring permission for access to proposed research sites, please supply documentation of permission.**

Date of Initial Data Collection:

Please describe the proposed research and its purpose, including specific aims, in narrative form:

Describe the research methodology, data collection protocol, characteristics of participants, and recruitment procedures in the questions below. **(Please submit copies of materials as appropriate)**

1. Do you have **external funding** for this research (money coming from outside the College)? Yes [ ] No [ ]

Funding Source (if applicable):

1. Will the participants in your study come from a **population requiring special protection?** In other words, are your subjects someone other than Notre Dame students (i.e., children 17 years old or younger, elderly, criminals, welfare recipients, persons with disabilities, NCAA athletes)? Yes [ ] No [ ]

If your participants include a population requiring special protection, describe how you will obtain consent from their legal guardians and/or from them directly to ensure their full and free consent to participate.

Indicate the approximate number of participants, the source of the participant pool, and recruitment procedures for your research:

Will participants receive any payment or compensation for their participation in your research *(this includes money, gifts, extra credit, etc.)*? Yes [ ] No [ ]

If yes, please explain:

1. Will the participants in your study be at any physical or psychological **risk** (risk is defined as any procedure that is invasive to the body, such as injections or drawing blood; any procedure that may cause undue fatigue; any procedure that may be of a sensitive nature, such as asking questions about sexual behaviors or practices) such that participants could be emotionally or mentally upset? Yes [ ] No [ ]
2. Describe any harmful effects and/or risks to the participants' health, safety, and emotional or social well being, incurred as a result of participating in this research, and how you will ensure that these risks will be mitigated:
3. Will the participants in your study be **deceived** in any way while participating in this research? Yes [ ] No [ ]

If your research makes use of any deception of the respondents, state what other alternative (e.g., non-deceptive) procedures were considered and why they weren't chosen:

1. Will you have a written **informed consent** form for participants to sign, and will you have appropriate **debriefing** arrangements in place? Yes [ ] No [ ]

Describe how participants will be clearly and completely informed of the true nature and purpose of the research, whether deception is involved or not **(submit informed consent form and debriefing statement):**

1. Describe the nature of the data you will collect and your procedures for ensuring that

**confidentiality** is maintained, both in the record keeping and presentation of this data:

1. Identify the potential **benefits** (significance) of this research on research participants and humankind in general.

FINAL INSTRUCTIONS:

1. Please include the following statement at the bottom of your informed consent form:

Research at Notre Dame College which involves human participants is overseen by the Institutional Review Board. Questions or problems regarding your rights as a participant should be addressed to the Institutional Review Board; Notre Dame College; 4545 College Road; South Euclid, Ohio 44121; [irb@ndc.edu](mailto:irb@ndc.edu)

1. Please submit this research proposal form and accompanying materials in a single email to the IRB, via email ([irb@ndc.edu](mailto:irb@ndc.edu)) for review. Send the following documents: research proposal form, consent form, debriefing statement, questionnaires, and supplemental materials with this form in one email.

**Approval of Research Chair/Professor**

As the Research Chair/Professor supervising this student’s proposal, by signing this application I attest that I have read this student’s proposal and all accompanying materials/forms, that I approve of them, that I deem them ready to be reviewed, and request that they be reviewed by the IRB. I understand that all fields of this proposal must be complete and all questions of this proposal must be answered. I attest that I have reviewed this proposal for coherence and correctness, and I understand proposals with errors of fact, errors of omission, or writing errors may be returned for correction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Chair/Professor Date

**Approval of Student/Researcher**

I understand that all fields of this proposal must be complete and all questions of this proposal must be answered. I attest that I have reviewed this proposal *and all accompanying materials/forms* for coherence and correctness, and I understand proposals with errors of fact, errors of omission, or writing errors may be returned for correction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student/Researcher Date