Date Submitted: Enter a date.

**MORAINE VALLEY COMMUNITY COLLEGE**

**INSTITUTIONAL REVIEW BOARD**

**RESEARCH PROPOSAL FORM**

1. **Basic Information**

Title of Research Project: Enter text.

Principal Investigator/Project Director: Enter text. Department: Enter text.

Email Address: Enter text. Phone: Enter text.

Projected Start Date of Research: Enter a date.

Projected Duration of Research: Enter text. Funding Source: Select one.

Co-Investigator (if applicable): Enter text. Co-Investigator Institution: Enter text.

Co-Investigator Department: Enter text. Co-Investigator Email Address: Enter text.

Other organizations and/or agencies, if any, involved in the study: Enter text.

1. **Summary Abstract**

Please attach a summary abstract to this form that addresses the following questions:

1. Objectives/goals of the research (What are the goals of the research? What are the research questions?)
2. All subjects or participants in the research (Who will be the participants? How many participants?)
3. Recruitment of research subjects (What procedures will be used to recruit participants? Any incentives?)
4. Location(s) of the research (Where will research be conducted? Any location outside of MVCC?)
5. Procedures to be used for data collection (What are various methods that will be used to collect data?)
6. Benefits/risks (What are the potential benefits and risks associated with your study?)
7. Confidentiality of Data (Describe procedures that will be used to ensure confidentiality and protection of data, where and how data will be stored, who will have access, and how it will be eventually destroyed)
8. Dissemination of Results (Describe any plans for publication, presentation, or dissemination of results)
9. **Additional Information**

Attach copies of all the protocol to be used in the research study (e.g. questionnaires, surveys, recruitment letters, flyers, focus group questions, etc.) and, if applicable, the Informed Consent Form(s).

**IV. Signatures**

I certify that the information provided in this application, and in all attachments, is complete and correct.

Investigator/Project Director Signature Date Co-Investigator (if applicable) Date

**For Institutional Review Board Chair:**

|  |  |
| --- | --- |
| Signature of IRB Committee Chair:  | Date: |
| IRB Chair: (Check 1 Box) | ☐ Approved | ☐ Approved w/ Conditions | ☐ Not Approved |
| LEVEL:(Check 1 Box) | ☐ 1, Exempt; Research Office Only  | ☐ 2, Subcommittee Review  | ☐ 3, Full Committee Review  |