



SPC Proposal Number	
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APPLICATION FOR RESEARCH STUDY

I. Study Information

Title of research:	
Date of submission:	
Proposed research starting date:	
Proposed research ending date:	

II. Primary Investigator, Associate Investigators, & SPC Sponsor Information

Primary Investigator - <i>Person Conducting the Study</i>	
Name	
Degrees	
Title	
Employer	
Address	
Department	
Campus	
Office #	
Phone Number	
E-mail	
Investigator SPC Affiliation	<input type="checkbox"/> Full Time Faculty <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Non-faculty employee <input type="checkbox"/> Student <input type="checkbox"/> None

Associate Investigators

Please list all other persons who will be assisting with the study, collecting data or who will have access to the study data. This includes your committee Chair, and committee members.

Name	
Degrees	
Employer/Affiliation	
Title	
Role in the Study	
Name	
Degrees	
Employer/Affiliation	
Title	
Role in the Study	
Name	
Degrees	
Employer/Affiliation	
Title	
Role in the Study	
Name	
Degrees	
Employer/Affiliation	
Title	
Role in the Study	

SPC Sponsor (full-time faculty and employees may leave this blank)

A sponsor is required for all student, adjunct faculty and external researchers. Sponsors must be educationally and experientially qualified to oversee the research they are sponsoring.

Name	
Degrees	
Title	
Department	
Campus	
Office #	
Phone Number	
E-mail	
Sponsor SPC Affiliation	<input type="checkbox"/> Full Time Faculty <input type="checkbox"/> Non-faculty employee

III. Type of Proposed Research:

1. Is this research part of a master's thesis or doctoral dissertation at another college or university?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the project receiving internal or external funding? If yes, please attach a copy of the funding letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this a request to conduct research at St. Petersburg College on behalf of a governmental agency, a research foundation or other external body? If yes, please attach a letter of agreement or other document explaining this relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will any of the following vulnerable subjects be enrolled? <ul style="list-style-type: none"> • Prisoners / involuntarily confined persons • Pregnant women • Fetuses / neonates • Cognitively impaired persons • Minors (persons under age 18) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will students be participating as research assistants, collecting data, administering an intervention, or in any other way participating in the implementation or conduct of the study other than as subjects or as the PI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will research activities take place during classroom, laboratory, practica, clinical or other similarly designated instructional time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is an intervention being administered or activity performed that could potentially affect participating or non-participating student's grades differentially in a course? (I.e. extra information, tutoring, supplementary materials, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If students are subjects, will their participation/non-participation status be known by any faculty member responsible for assigning their grades or impact the student teacher relationship in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
9. Will data be collected in an individually identifiable manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is potentially sensitive information being collected? <i>(Sensitive information includes, but is not limited to, data on illegal actions, sexual behaviors, socially objectionable activities/attitudes, traumatic events or other episodes the reliving of which might cause the subject psychological distress or the revealing of which might negatively affect the subject.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. Research Purpose and Design Summary

<p><i>NOTE: In addition to attaching a copy of your full proposal to this application, all of the summary questions below must be answered completely.</i></p>	
1. Provide a brief overview of your research objectives and purpose.	
2. Provide a brief overview of your research procedures and protocol, including a description of research materials you anticipate utilizing such as test equipment, questionnaires, surveys, and interview scripts. (Copies of the materials must be attached as part of the application.)	
3. Briefly describe how data will be collected, recorded and stored.	
4. Describe the characteristics of the desired sample (inclusion and exclusion criteria)	
5. Briefly describe the identification and recruitment of participants. How will the potential subjects be identified and how will the sample be chosen?	
6. How many subjects (total) will this study enroll? Note! If at any point in the study this number is to be increased, permission must be obtained from the RRC!	
7. Explain how the privacy and confidentiality of participant information will be maintained.	
8. Explain the direct benefit that will accrue to SPC from this study.	

B. Reviewers Assurance: *(For dissertations this is for your committee Chair, person in charge of your thesis defense, or supervisor of external research organizations.)*

- I the undersigned attest that I have reviewed the attached research.
- I further attest that the research as set forth meets suitable standards of scientific rigor as defined by my academic discipline and has the potential to contribute meaningfully to scholarly knowledge.
- My qualification to review this proposal is as follows (check all that apply)
 - I have a terminal degree in the disciplinary area of the study
 - I have conducted and published research in this or a very similar area
 - I have expertise in the methodology or instrumentation to be used
 - I have expertise in statistics
 - Other (specify):

Reviewer's signature

Reviewer's Title and Academic Credentials

Reviewer's Organization

Date

D. Deans Assurance *(For SPC Employees, this should be signed by your Dean (SPC faculty/ adjuncts) or the VP of your area if non-faculty. For non-SPC researchers this should be signed by the VP)*

- I, the undersigned, acknowledge that this is a request to conduct research that is governed by Board of Trustees Rules of St. Petersburg College, as well as state and federal law concerning educational research, privacy and confidentiality.
- I hereby agree to assist the researcher to follow all guidelines and regulations of this institution and maintain the confidential nature of records and the privacy rights of all participants.
- I agree that St. Petersburg College will be provided a copy of the completed research study product.
- I further agree that under no circumstances can research proceed until I have been given notification of approval of this Application by the Research Review Committee and have executed the “Access to Confidential Data Researcher Agreement.”
- In addition to the above, I, the undersigned, acknowledge that as Dean/ Sr. Administrator for the area where this research will be conducted that I am responsible for assuring to the best of my ability that this research is conducted according to the policies and procedures of St. Petersburg College, the Board of Trustees Rules of St. Petersburg College, as well as state and federal law concerning educational research, privacy and confidentiality. By my signature I agree to assist the researchers to adhere to SPC guidelines.
- By signing below, I am assuring affected areas/people have been properly informed, that any suggestions or concerns have been heard and addressed, and that any needed notifications have been given.
- By my signature I agree that this study may be conducted within my jurisdictional area.

Dean / Senior Administrator signature

Date

VI. Access to Confidential Data Researcher Agreement

I understand that any unauthorized disclosure of confidential information is illegal as provided in the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g (FERPA) and in the implementing Federal Regulations found in 34 CFR Part 99. Also note Section 1002.22, Florida Statutes, titled *Education Records and Reports of K-12 Students; Rights of Parents and Students; Notification; Penalty*; Section 1002.225, Florida Statutes, titled *Education Records of Students in Public Postsecondary Educational Institutions; Penalty*; and Board of Trustees Rule 6Hx23-4.37, titled *Student Records*.

In addition, I understand that any data, data sets or output reports that I, or any authorized representative, may generate are confidential and the information is to be protected. I will not distribute to any unauthorized person any data or reports that I have access to, or may generate, using confidential information. I understand that I am responsible for any computer transactions performed as a result of access authorized by my password and I will comply with the Rule 6Hx23-6.900, *Information Technology Acceptable Use Policy*.

I understand that any final reports produced as a result of this study may only report on students in aggregate summaries and not individually.

Researcher's signature

SPC Supervisor/ Sponsors signature

Date

Date

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO/Title IX at 727-341-3261; by mail at PO Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at eaao_director@spcollege.edu.

Required Materials

To avoid undue delay in the processing of this research application, investigators are asked to review this document carefully to make sure all of the required components are present. Incomplete applications will not be processed. Items 1 through 6 are REQUIRED for all applications: items 7—9 are to be attached as relevant. Materials should be attached in this order:

- 1. Complete “*Application for a Research Study*” (*applications will not be reviewed until all elements are complete*)
 - Answers must be provided to all questions
 - Application must contain all required signatures*
 - All required supplemental materials must be attached*
- 2. Copy of the full Research Proposal (The full proposal must include the Background, Materials, Methods and Analysis plan. If this is a dissertation it must include Chapters 1-3 in their entirety.)
- 3. Copies of all data collection materials and tools, including but not limited to: data collection forms, test questions, questionnaires, surveys, and interview scripts
- 4. Copy of the informed consent form, participant information document, oral consent procedure, and/or consent script. Please include copies of all materials to be provided to the participants
- 5. Copies of materials to be used for subject recruitment (including, but not limited to e-mails, posters, letters, electronic announcements, scripts for in-person interactions, etc.)
- 6. Proof of Human Subjects Training for all Investigators and the Sponsor
- 7. Copy of funding letters, memorandum of agreement or other documents pertinent to the sponsorship of the study (*only if applicable*)
- 8. Copy of IRB application submitted to other institution (*only if applicable*).
- 9. Copy of IRB approval letter (*only if applicable*)

Please forward these materials by e-mail or postal mail to:

E-mail: Research_Review@spcollege.edu
Mail: St. Petersburg College
Department Institutional Research
Epicenter
P.O. Box 13489
St. Petersburg, FL 33733

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