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| OCC logo in color | Orange Coast College |

# Internal Research Request Application | Research Project Involving Human Subjects

## Applicant Information

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| **Date:** |  | Check one: | FACULTY[ ]  |  MGR/ADMIN[ ]  | CLASSIFIED[ ]  |
| **Project Title:** |  |
| **Primary Person Responsible:** |  |  |  |
|  | Last | First | M.I. |
| **Department:** |  |
| **Phone:** |  | **Email:** |  |
|  |  |  |  |
| **Timeline:** | From: |  | To: |  |
|  |  |  |  |  |
| **Other Personnel Involved in Project:** |  |
|  | *Names and relationship to study.* |

## Human Subjects Considerations

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| Check each of the following that apply to your research: |
| [ ]  | Requires direct interaction with participants, such as face-to-face interviews or experiments (outside of the context of program evaluation, program review or SLO/AUO assessment as long as data collection/reporting is anonymous) |
| [ ]  | Distributed to all employees or students college-wide |
| [ ]  | Targets a specific constituent group or special population (e.g., veteran students, part-time faculty, etc.) |
| [ ]  | Inquires about sensitive information, violates FERPA, or could impact an employee’s employability within the district |
| [ ]  | Other |
|  | Specify: |

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| Special areas that require review: |
| [ ]  | Research involving strenuous exercise by the subjects.\* | [ ]  | Research involving voice and video recordings.\* |
| [ ]  | Research involving noninvasive procedure routinely used in clinical practice. | [ ]  | Research that will involve manipulating the subject’s behavior in a way that is stressful to them.\* |
| [ ]  | Research involving minors (under 18).\* | [ ]  | Research involving subjects institutionalized as mentally disabled.\* |
| [ ]  | Research involving prisoners.\* |  |  |

\*These procedures generally require gathering Informed Consent from all participants. These items are likely to be reviewed if circumstances apply. Projects involving minors generally require Parental Permission and Child Assent.

## Project Purpose

1. Description/Purpose: Provide a brief description of the purpose of this research. Include the questions you would like the data to answer and intended participants.

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| **Purpose:** |  |

## Research Needs

1. **Research Needs**. Indicate what OCC resources and/or data are requested. Please describe your request in detail, including the scope, specific variables, and any deliverables needed from the Office of Institutional Effectiveness (e.g., survey, interview protocol, report, etc.)

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| **Description:** |  |

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| Check each of the following research deliverables: |
| [ ]  | Survey development and/or distribution |
| [ ]  | Data files (e.g., excel file) |
| [ ]  | Report (including narrative interpretation, graphics, etc.) |
| [ ]  | Summary of data (e.g., data table or graphs without narrative interpretation) |
| [ ]  | Other |
|  | Specify: |

## Dean/Manager and Vice President Approval

Note: All requests require the signature of the Supervising Dean or Manager and Vice President of the area. Additional approval may be requested, depending on the nature of the proposal.

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| Dean/Manager Name: |  | Signature: |  | Date: |  |
| VP Name: |  | Signature: |  | Date: |  |