**Anyone conducting research at or involving students, faculty, and/or staff of South Seattle College must apply in advance for review by the Human Subjects Review Committee. This form should be used for requesting review and approval of a new project before it is initiated. Full details must be given and all necessary documentation submitted. Please answer all questions.**

For questions regarding this form and/or whether or not your study or your question involves “Research” contact: **Office of Planning and Research**

[**SSCResearch@seattlecolleges.edu**](file:///C:\Users\analea\Downloads\SSCResearch@seattlecolleges.edu)

**GUIDELINES**

* Completed forms should be submitted at least 6 weeks prior to the anticipated start of research study, project, etc. to [SSCResearch@seattlecolleges.edu](file:///C:\Users\analea\Downloads\SSCResearch@seattlecolleges.edu)
* Make sure that all questions are answered.
* Please include a one-paragraph description of the project in the body of the email.
* Use HSR Request in the subject line of the email.
* Please also attach the informed consent form and all other supporting materials (if applicable).
* All research conducted at South Seattle College must comply with the [Federal Policy for the Protection of Human Subjects](http://www.hhs.gov/ohrp/humansubjects/commonrule/index.html) (‘Common Rule’), South Seattle College and the Seattle College District’s [policies and procedures](http://www.seattlecolleges.com/DISTRICT/policies/policies.aspx), and Family Educational Rights and Privacy Act [(FERPA](http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html)) guidelines.

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| **Proposal title:** |  |

Full name/mailing address of principal investigator (or contact person):

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|  | | | | |
|  | | | | |
| Phone number: |  |  | E-Mail: |  | |

Check one:

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| --- | --- | --- | --- |
|  | Faculty member | School/Dept/Division: |  |
|  | Student | Candidate for degree of: |  |
|  | Staff | Position: |  |
|  | Other | If other, please specify: |  |

|  |  |
| --- | --- |
| **Names of co-investigators (if any):** |  |
|  |  |
| **Faculty/Staff Sponsor (if applicable):** |  |

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| --- | --- | --- | --- | --- | --- |
| **Will this study/project extend beyond one year?** | | | **Yes** | **No** | |
| **If approved, study/project will start on:** |  | **Projected end date:** | | |  |

*I certify that the statements made in this request are accurate and complete, and if I receive approval for this project, I agree to inform the committee in writing of any emergent problems or proposed procedural changes. I further agree not to proceed in the research/project until the problems have been resolved or the Human Subjects Review Committee has reviewed and approved of the changes.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal Investigator’s Signature: | | |  | |
| Date: |  | Print Name: | |  |

**1. PURPOSE OF PROJECT**

What is the central question or issue your project will be exploring? Include information about the rationale, the hypothesis, and goal of the proposed study.

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**2. PROCEDURE**

Describe how you will conduct your investigation, including specific procedures that will be followed and materials that will be used. *(Please attach any recruitment and/or participant materials you are going to use in the exact format that participants will see and/or receive.)*

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**3. SAMPLE/POPULATION**

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| 1. Describe the sample size and demographic characteristics of the population to be studied. |
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| 1. What inclusion criteria will you use to recruit participants? |
|  |
| 1. What exclusion criteria will you use to recruit participants? |
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| 1. Who will recruit subjects and how? |
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| 1. How will the research subjects be informed about this research and their participation in the study? |
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**4. RISKS**

|  |  |
| --- | --- |
| 1. Will the subjects be exposed to or participate in anything that could cause risks, stress, or harm? | Yes No |
| 1. If yes, please describe. | |
|  | |
| 1. What steps will be taken to minimize the risks? | |
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**5. BENEFITS**

Assess the potential benefits that may be gained by any individual participant, as well as benefits which may be gained by society in general as a result of the planned work.

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**6. COMPENSATION**

Please specify any compensation (such as monetary or academic credit) that you may offer as part of the study.

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**7. INFORMED CONSENT**

Any work involving participants beyond normal daily activities (e.g. most research beyond observational studies in public places) requires informed consent. *If applicable, please attach consent form with your application.*

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| --- | --- | --- | --- |
| a. Have you created an Informed Consent Form which you will ask your prospective subjects to read and sign? | | | Yes No |
| b. Describe how informed consent will be obtained. | | | |
|  | | | |
| c. Age range of research subjects: |  | Will any subjects be under age 18? | Yes No |
| d. If working with vulnerable populations such as children, describe how assent will be obtained. *(Please note: parental consent is required for subjects under age 18.)* | | | |
|  | | | |
| e. If documented informed consent will not be obtained, specifically point this out and explain how you will communicate participants’ rights. | | | |
|  | | | |
| f. If any deception (including withholding of complete information) is required for the validity of this activity, explain why this is necessary and attach debriefing statement. | | | |
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**8. PRIVACY/CONFIDENTIALITY**

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| a. How will data be stored and for what duration? |
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| b. What steps will be taken to maintain research subject information confidential and/or anonymous? |
|  |
| c. Other than the Principal Investigator (PI) named above, please list the names and positions of any other personnel who will be involved with this study. |
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**9. RESULTS**

In what ways may your work be shared and/or made public? Please describe any plans for publications, presentations, and/or other dissemination of your results.

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