INSTITUTIONAL REVIEW BOARD

80 Vandenburgh Ave, Troy, NY 12180 (518) 629-4557 www.hvcc.edu

All research to be conducted by Hudson Valley Community College faculty or students, or any research to be conducted at Hudson Valley, must be reviewed and approved prior to initiating the research. Below are listed examples of various research projects. Although the principal investigator makes the initial determination of the projec ψ

r telephone surveys on innocuous topics

Anonymous, non-interactive non-participating observation of public behavior. Secondary analysis of existing data Educational research involving no interaction with students (e.g., observation of intact

classes without modifying or disrupting regular classroom activity)

| 5(6(\$5&+5(9,(:)250 80 Vandenburgh Ave, Troy, NY 12180 (518) 642557 www.hvcc.edu |
|---|
| Research Level: Level I |
| Title of Project: |
| Investigator(s)/Project Director(s): |
| Co-Investigator(s): |
| Address: |
| Phone: |
| Email: |
| Institution Affiliation : |
| Department: |
| Date of Project From: To: |
| Investigator Status (For each investigator): |
| Faculty/Staff Graduate Student Undergraduate Student |
| Other (specify:) |

Source of funding for project:

(If grant funded, VSHFLI\ JUDQW WLWOH LQYHVWLJDWRU¶V QDPH [

If principal investigator is a student, provide the name, department, institutional affiliation, campus address, telephone number, and email address of the faculty sup**Eheisfac**ulty supervisor must provide approval of this proposal by signing this application form on the signature page.

| Faculty Supervisor Name: | |
|----------------------------|--|
| Department: | |
| Institutional Affiliation: | |
| Campus Address: | |
| | |
| Telephone: | |
| Email: | |

B. Subject Population Identify the individuals, and number thereof, who will be the focus of the research.

How will subjects be chosen (e.g., records, classes, referrals, canvassing, etB) specific. If subjects are chosen from records, indicate the name and title of the individual who approved the use of the records.

How are subjects initially contacted (e.g., ads, telephone, letter, signp sheets, email, etc.)? Be specific.

Will subjects receive inducements before or rewards after the study for their participation?

_____Yes _____No If yes, explain.

C. Funding Sources Provide sources and funding for project, if applicable.

E. Confidentiality

Will any data be made a part of any permanent retrandcan be identified with the subject? If yes, explain.

:LOO WKH VXEMHFW¶V SDUWLFLSDWLRQ LQ WKH VWXG\ EH F available to a supervisor, teacher, or employer? If yes, explain.

List thesteps that will be taken to ensure confidentiality.

F. Informed Consent

Specify how participants will be informed of the following: (a) the nature of their participation in

H. Certification

I certify that the information concerning the procedures to be taken for the protection and for the protection in the protocol and I will report promptly any unexpected or otherwise adverse effects encountered in the course of this study.

Signature of Principal Investigator

Date

If the principal investigator is a student, this application should be reviewed and signed by the faculty supervisor to indicate knowledge and approval of theopsadp

Signature of Faculty Supervisor

Date