

**PARKLAND COLLEGE
OFFICE OF INSTITUTIONAL ACCOUNTABILITY AND RESEARCH**

PROPOSAL FOR RESEARCH ON PARKLAND CAMPUS

Please complete research proposal. Provide digital signatures where indicated. The form will need to be saved to your machine or a network drive first. Helpful instructions for setting up a digital signature can be found here. **USE FIREFOX OR INTERNET EXPLORER TO FILL AND SUBMIT!**

Submit this form via email by clicking the button in the upper right hand corner. Additional supporting materials may be attached to the email.

PLEASE NOTE: "User canceled operation" may appear when submitting this form via email. THIS MESSAGE CAN BE IGNORED.

Signature _____
Institution: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: _____ Date of request: _____

Email:

PROJECT/REPORT TITLE:

1. Describe the study objectives:

2. Indicate how the results will be used outside of Parkland:

3. Show the benefits of study to Parkland or its students:

4. List the critical questions to be answered:

5. Identify any other approving agencies/offices involved with names and addresses (e.g. Human Subjects Review Committees, graduate instructors, etc.). Attach a copy of the consent form to be used:

6. Specify the study methodology (attach survey instruments) and methods of analysis:

7. Indicate the specific subjects of the study (e.g., student/ staff/ unit, cohort groups, etc.):

8. Indicate the method(s) of contact with subjects:

9. Indicate method(s) of access to institutional data files (if secondary sources of data are to be used):

If names and addresses will be used, they will be provided by the Office of Institutional Accountability and Research.

10. Indicate when results/publications will be provided to the Office of Institutional Accountability and Research.

Additional materials may be attached.

Proposed target dates:

Begin Study _____
Complete Study _____
File Report/Data with Office of Institutional Accountability and Research

Recommendations and Actions:

	Signatures	Approved	Date
Administrative:	_____	_____	_____
Comments:			

Informed Consent Template for Surveys

Dear Parkland Student:

Thank you for agreeing to complete this survey. This survey is being used to gather information for **<insert reason/purpose of the survey>**. Participation on any of these questions is voluntary; which means that you do not have to answer any questions if you do not want to. Your responses to the survey will have no effect on any course grade.

<insert one of the two statements, whichever is the most accurate>

All responses will be kept **anonymous**. We are not requesting any identifying information, and the results of this survey will only be presented as a summary of all results.

All responses will be kept **confidential**. The results of this survey will only be presented as a summary of all results and you will *never* be directly identified in any way.

If you have any questions about the survey, or to learn more about the results, you may contact **<insert faculty member's/researcher's name, phone number, office>**.

Informed Consent Template for Interviews and Focus Groups

Dear Parkland Student:

Thank you for agreeing to participate in this study. The purpose of this interview is to gather information for **<insert reason/purpose of the survey>**. Participation on any aspect of this study is voluntary; which means that you do not have to answer any questions if you do not want to. Your responses to the survey will have no effect on any course grade. You may also end the interview at any time.

<insert one of the two statements, whichever is the most accurate>

Your responses will be kept **anonymous**. We are not requesting any identifying information, and the results of this survey will only be presented as a summary of all results. Your signature at the bottom of this form is not connected with your responses.

All responses will be kept **confidential**. The results of this survey will only be presented as a summary of all results and you will *never* be directly identified in any way.

If you have any questions about the survey, or to learn more about the results, you may contact **<insert faculty member's/researcher's name, phone number, office>**.

Signature _____ Date: _____