



**APPROVAL FOR DATA COLLECTION
(Social and Behavioral Sciences)**

Research Advisor Name

Date

Student who will perform the research

Others who will assist with the research

Proposed Project/Thesis Title

Please attach a summary of the project and detailed research procedures (for example a revised Master's Thesis Proposal).

Research Category

The Research Committee must evaluate certain projects because of ethical concerns before they can proceed. Projects that use only library resources or documents are exempt from this evaluation. Projects that involve people as study subjects (surveys for example) are not exempt, and the project must be approved by the Research Committee before any data is collected.

This project is (circle one): Exempt / Not exempt

For exempt projects, you *do not need* to complete this entire form. Please *sign the last page* and submit this form to the Research Director.

For projects that are not exempt, you need to complete the entire form as instructed and submit it to the Research Director.

Information About the Research Project

Please circle the appropriate response to each question and give additional details where necessary. If the question does not apply to your project, write “n/a.” If the response is clearly spelled out in the attached documentation (such as a thesis proposal) you may circle “In attached documents” rather than writing a response. If more space is needed, please attach additional pages.

1. Does the proposed research project involve human subjects (a survey, for example)?

Yes / No

2. Research Site: **MEU / Other** (please describe)

3. Funding: **None requested / Requested** (name sources)

4. Study Population and Recruitment: **In attached documents / Described below**

5. Compensation or Costs to Study Participants:

None / In attached documents / Described below

6. Confidentiality of Data: **In attached documents / Described below**

7. Risks and Benefits to Study Participants: **In attached documents / Described below**

8. Conflict of Interest: **None / In attached documents / Described below**

Certification

I certify that the information provided on this form and in the attached document(s) is complete and accurate to the best of my knowledge.

Signature of Research Advisor

Signature of Student Researcher

Signatures of Others Involved in Study

Signature of Faculty Dean/Dept. Chair (if different from Research Advisor)

(The rest of this form to be completed by the *Research Director*)

Evaluated by: **Research Director / Research Committee**

Status: **Approved / Not Approved**

(Projects that are not approved may be re-submitted after modification.)

Signature of Research Director

Date

Research Project Approval Number ("MEU-RC" + date in format YYYYMMDD + letter starting with A)

One copy of this form should be kept by **Research Director**, and one copy should be submitted to the **Registrar**. The Approval Number should be sent to **all researchers** involved in the study.