

South Florida State College IRB Protocol Submission Form

Please submit the typed form and supporting documents to Melissa Kuehnle in the Office of Community Relations and Marketing, Highlands Campus, Building F.

Title of
Protocol:

If this study is being conducted by a PI whose primary affiliation is with an institution other than SFSC (PI is a faculty member or student at another college or university) please provide the institution name:

An approved copy of your institution's IRB protocol must be attached.

Principal Investigator:				GID #:	
Degree/Title:		Mailing Address:		Email:	
Department:				Telephone Number:	
Co-PI:				GID #:	
Department:		Mailing Address:		Email:	
Department:				Telephone Number:	
Date of Proposed Research:					
Funding – Related grant proposals must be attached for IRB review.					
<u>Purpose of the Study</u> – Please describe what you intend to accomplish through this study.					
<u>Research Methodology</u> – Please provide a description of what you intend to do with or to the research participants.					

Potential Benefits – Please include benefits to participants as well as the potential contribution of this study to your field:

Potential Risks – Please address potential physical, psychological, or economic harm to participants and steps you will take to protect participants :

Describe how participants will be recruited:

Student Academic Impact: Will any data collection be incorporated as part of an academic program? If yes, what options will be provided for students who choose not to participate?

**Maximum
Number of
Participants:**

**Participant
Age Range:**

**Amount of
compensation/course
credit:**

Signature of Principal Investigator:

Date:

Signature of Co-PI:

Date:

Approval

Signature of Appropriate Area Administrator:

Date:

IRB Use Only

Date Received:

Final Determination:

Approved

Denied

Date Reviewed:

Exempt

Expedited

Full

Comments: