

South Florida State College IRB Protocol Submission Form

Please submit typed form and supporting documents to Dr. Christopher van der Kaay in the Office of Institutional Effectiveness - vanderkaayc@southflorida.edu

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 #:	
Degree/Title:		Mailing Address:	Email:
Department:			Telephone Number:

Date of Proposed Research: _____

Funding – Related grant proposals must be attached for IRB review.

Purpose of the Study – Please describe what you intend to accomplish through this study.

Research Methodology – 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 Board	
Comments:					