



Human Subjects Research Proposal Form

Researcher

Name

Street Address

City, state, zip code

Home phone

Work phone

Email address

Research Study Title

Type of Study (Course research paper, DMin thesis)

What is/are your key research question(s)?

What are the objectives and purposes of this research?

What research methods do you plan to use? Describe in detail. Include how you plan to select your participants.

What questions do you plan to ask? If you are using a questionnaire or structured interview, please include a copy of it as an Appendix to your proposal.

How do you plan to begin your research?

Whose consent will you need to obtain? What documents will you use to explain your work? (Attach a completed Informed Consent Form)

What is your relationship to the people who will be part of the project?

What recruitment or invitation procedures do you plan to use?

Will subjects who participate in the project be anonymous? If not, how will you assure the privacy of the participants?

How do you plan to protect the data? How will you protect confidentiality of the data?

How and where will the research be reported?

Will any of the subjects be minors (under 18 years of age)? If so, how will you obtain parental consent?

Will any of the subjects be members of vulnerable populations (cognitively impaired, institutionalized, imprisoned, etc.)? If so, what additional procedures are involved to protect these persons?

What are potential benefits for persons who are part of the project?

What are potential risks for persons who are part of the project, including physical, mental, or social discomfort, harm, or danger? How will you respond if any participant has adverse effects as a result of your research?

Will the project involve any deception of participants? If so, how? Why is deception necessary? What procedures will you use to debrief participants?

What alternative procedures are available to a subject who wishes to withdraw or who is damaged by the project?

Is IRB approval required by any other institution (e.g., hospital, care agency, prison)? If so, please attach your proposal for the other institution as an Appendix and describe the procedure and timeline for approval.

I certify that the information above is correct, to the best of my knowledge. I acknowledge that any substantive changes to this proposal must be submitted to the IRB for approval before being incorporated into my research.

Signature

Date

Action of the IRB:

_____ Approved

_____ Revisions and resubmission required. See comments below.

_____ Rejected. See comments below.

IRB comments:

Director of DMin Programs

Date

Professor of Theology and Ethics

Date