A logo for a university

Description automatically generated

Internal Studies Request

|  |
| --- |
| **Instructions: This form should be completed and signed by the Dean(s) and/or Campus President(s) prior to submission to the IRB.**  **Faculty mentors are responsible for requesting signature approvals on behalf of the student. See detailed instructions in the IRB submission area.** |
| **Principal Investigator/ Researcher Name(s):** |
|  |

Top of Form

|  |
| --- |
| **Principal Investigator/ Researcher(s) Affiliation:** |
| **(Indicate researcher status -faculty, staff, student, or external researcher- department, and institutional affiliation.)** |
| **Specific sample or data requested to access:** |
| **(Include specific campus or data location.)** |
| **Participant requirements:** |
| **(Explain exactly what participants will be asked to do in this study. Write N/A if no active participants in study.)** |
| **Method of data collection:** |
| **(Indicate who will distribute recruitment materials or collect data.)** |
| **Purpose and Methodology Specifics Impacting Campus Sample or Data:** |
| **(Briefly explain purpose and methodology.)** |

***Instructions: Applicants must collect the appropriate signatures below prior to submission to the IRB***

|  |  |
| --- | --- |
| **Faculty Mentor**  (For student applications- Must be signed prior to requesting access to data. All student requests must come directly from the faculty mentor.)  **As the Dissertation Chair/ Faculty Mentor, I agree to oversee this student’s data collection and ensure the student abides by the specified protocols. The student will not access the data, contact participants or collect data until after and only if IRB certification is received.** | |
| **Notes.** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature of Dissertation Chair/ Faculty Mentor | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Signed |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Printed Name of Dissertation Chair/ Faculty Mentor |  |
| **Dean/Campus President**  (Should be completed by the Dean and/or Campus President overseeing the principal investigator (PI) and the participant pool/participant campus. Note this may need multiple signature approvals.)  **The PI noted above has shared their project proposal with me. Should they be granted approval from the COO and the Keiser University Institutional Review Board, I support their leadership in this research. I approve of the method of data collection/recruitment. The PI will provide me with a copy of the IRB approval prior to beginning the study.** | | |
| **Notes.** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature of Dean / Campus President | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Signed |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Printed Name of Dean / Campus President | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Title (including location) |

***.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Applicants do not write below this line.***  ***This area is for IRB use only to be completed after IRB review*** | | | | |
|  |  | | | | |
|  | **Executive Vice Chancellor Recommendation**  **The researcher noted above will have access to the requested data or sample only after approval from the Keiser University Institutional Review Board is received.**  **The researcher must provide the campus contact with evidence of IRB approval prior to beginning the study. Should the campus contact at any time find reason for the study to stop, the researcher must adhere to the campus contact’s request at their discretion.** | | | | |
| Recommend for approval | | Recommend with modifications | | Denied Approval | |
| **Notes.** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature of Executive Vice Chancellor/ COO | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Signed | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Printed Name of Executive Vice Chancellor/ COO | | |  | | |
|  | **KU IRB Recommendation** | | | | |
| Recommend for approval | | Recommend with modifications | | Denied Approval | |
| **Notes.** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  IRB Representative Signature | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Signed | | |
| **Office of the Vice-Chancellor of the Graduate School/Academic Affairs**  **(to be signed after IRB recommendation is completed)** | | | | | |
| Approve | | Modifications Needed | | Deny | |
| **Notes.** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Office of the Vice-Chancellor of the Graduate School/Academic Affairs Signature | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Signed | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Office of the Vice-Chancellor of the Graduate School/Academic Affairs Printed Name | | | | |  |