Sample Research Proposal Title

Student’s Name

Northwestern Oklahoma State University

Abstract

 *Keywords:*

Title of your Research

 Begin literature review here…

**Method**

**Design**

 A \_\_\_\_\_\_\_ design will be used to examine group differences between respondents.

(Describe each, if any, manipulation to be included within the study (**only if you are doing a true experiment**). Note: if you are only giving a survey this will likely be unnecessary. Potential Benefits**:** Explain the potential benefits of this research to the participants, the group that made them participant candidates (low-income, gender, history of substance abuse, etc.), and society in general.)

**Participants**

(Who are your participants of interest? Why are they appropriate for your study? If you plan to exclude participants based on demographics (gender, race, etc.), explain why they need to be excluded. Will the participants encounter the possibility of stress or psychological, social, physical, or legal risks which are greater, in probability or magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests? If yes, explain.)

Participant Recruitment Procedures

(How, When, Where will you recruit participants? Insert a script or outline that explains the oral and/or written recruitment procedures used to obtain informed consent. Also include the informed consent form and the facility consent form if research will be conducted at facilities other than NWOSU. Attach forms or insert at the end of this document in the Appendices)

(Will the participants encounter the possibility of stress or psychological, social, physical, or legal risks which are greater, in probability or magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests?) Yes or no. If yes, please describe.

Will medical clearance be necessary before participants can participate due to tissue or blood sampling, or administration of substances such as food or drugs, or physical exercise conditioning?

 Yes [ ] No [ ] If yes, please describe.

Will the fact that a participant did or did not participate in a specific experiment or study be made a part of any record available to a supervisor, teacher, guardian or employer?

If yes, please describe.

Will there be a request for information which participants might consider to be personal or sensitive?

Yes [ ] No [ ] If yes, please describe.

Will any inducements be offered to the participants for their participation?

If yes, please describe.

If extra course credit is offered, what alternative means of obtaining additional credit are available?

Confidentiality

Will any aspect of the data be made a part of any record that can be identified with the participant?

 Yes [ ] No [ ] If yes, please explain.

Explain your procedures for secure collection and storage of consent forms, if applicable, and data including how long the forms will be kept and when they will be destroyed (shredded). Please be thorough to protect the study participants. When creating your procedures, approach it as if the potentially sensitive information is yours.

**Instrument(s)**

(Please describe your survey(s) / instruments including the authors’ names and citations and what they will be used to do. Please identify if you are modifying them and how and why. Include the frequency and method of delivery (online surveys, face-to-face interview, in-person surveys, etc.). Also, include a copy of the instruments with this application in Appendix A]

**Procedure**

 **In detail,** describe the steps and actions that you will perform in conducting your research (remember, good research is replicable). Participants will be informed about the voluntary nature of the survey and basic intent (Appendix A). Participants must provide voluntary consent before gaining access to the survey.

Sample storage and disposal policy, a secure policy needs to be included for online surveys as well. The protocol will vary by the survey source.

Universal IRB Data/Consent Form Storage and Disposal     8-31-17

To protect the identity of study participants, consent forms and data forms will be collected and kept in separate envelopes/files in a locked file cabinet in the student advisor’s office. No identifying information will be included on the surveys or other data collection forms. Names and signatures will only be on the participant consent forms.

Consent forms and data collection forms will be kept for a period of 5 years and then destroyed by shredding. The research results with no participant identifiers may be kept indefinitely by the student researcher or advisor. The student researcher and advisor will maintain the confidentiality of study participants without end.

**Data Analysis**

 I will code and enter data into SPSS v. 25 and analyze using several statistical procedures including the …

**Results**

 What do you anticipate will happen with your study? What answers do to your research questions do you think you’ll find? Hypothesize.

**Discussion**

 Implications regarding the results will be discussed along with recommendations for future study and/or action(s).

References

Appendix A

**Informed Consent Template**

**Note: This is a template for Informed Consent that contains all details required by the IRB. If you need to modify it for any reason to align with your project, please consult with your advisor.**

**Informed Consent**

Read this consent form. If you have any questions, ask the experimenter or contact Tandy Keenan, Institutional Review Board Chair, at 580-327-8110 or TRKeenan@NWOSU.edu.

The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach.

All information obtained in this study will be kept strictly **confidential and anonymous.** Please do not put any identifying information on any of the forms except this consent. To further protect individual identities, this consent form will be stored separately, and your data will be given an identifier other than your name if needed for the study. Furthermore, the results of this study will be presented as a group, and no individual participants will be identified.

During this study, you will be asked to…Insert a detailed description of what the participants should expect.

Risks: There are no known risks associated with this project greater than those ordinarily encountered in daily life. OR,

Risks: You may be asked about sensitive subject matter including… Insert details here. If you are uncomfortable answering any questions, you may skip them or discontinue the survey.

“I have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the procedures will be completely confidential and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without concern of reprisal.”

Proceeding with the survey implies consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant                                                                                      Date

Informed Consent for Online Surveys-Insert the Informed Consent information into the online survey with this disclaimer (or something similar), “By continuing with this survey, I confirm that I have read and understood the Informed Consent.”

Facility Consent Template

If you are conducting research at a facility not owned by NWOSU, you will need to get the signed consent of the CEO, Director, or other authorized agent of the facility.

**Facility Consent Document**

Researcher:

Study Title:

Please read this consent form. If you have any questions, please ask the experimenter.

The following information is provided so that you can decide whether you wish to allow **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to interview clients at your facility.

The purpose of the study is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All information obtained in this study will be kept strictly **confidential and anonymous.** Participants will be asked not put any identifying information on any of the forms except the consent forms, if applicable. To further protect individual identities, consent forms will be stored separately. Furthermore, the results of this study will be presented as a group and no individual participants will be identified.

Participants can choose, at any time, to stop participation and/or withdraw any data collected. The data collected will be used for this study and may be used in the future as a baseline for additional studies. Participants will not be identifiable to anyone in future studies, and the researcher will maintain strict confidentiality of participants in the current study.

“I have read the above statement and grant **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**permission to interview or survey participants at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have had the opportunity to ask any questions concerning the procedures and possible risks involved. I understand the procedures will be completely confidential and participants assume them voluntarily. I likewise understand that I as well as individual participants can withdraw from the study at any time without being subjected to reproach.”

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 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Title of Authorizing Official

Appendix B

**Instrument(s)**

Please submit one copy of this application electronically to trkeenan@nwosu.edu. You must insert supplemental documents into this form. Do not submit them as separate attachments. If you need to edit a submitted application, make your corrections and re-submit as a new application. Tandy Keenan, Director of Sponsored Programs, Vinson Hall 311.

Questions? Please call 580-327-8110.

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Checklist for Review

 [ ] Research Proposal

 [ ] Review Application

 [ ] Informed Consent Form/Assent (if appropriate)

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| --- | --- | --- | --- |
| **Signature of Reviewer:** |  **Date Approved** | **Do Not Approve Date****(For full reviews only)** | **Comments:** |
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