

MCCSC Research Request
Part One: Research Summary

Principal Researcher Name: _____ Date: _____

Phone: _____ Email: _____

Education level/role: FR SO JR SR MA/MS PhD/EdD Faculty

Instructor/Advisor Name (*if relevant*): _____

Phone: _____ Email: _____

IRB Approval Date: _____ Study Expiration Date: _____ Intended Completion Date: _____

Research Summary/Status Delivery to MCCSC: _____



Research Title: _____

Brief Summary/Abstract:

Type (*e.g., student, teacher*) & Number of Subjects Wanted: _____

Preferred Grade Level(s): _____

Preferred Schools & Teachers (*if applicable*): _____

Ideal Start Date (*requests can take 6 to 8 weeks to be approved*): _____

Preferred Days: _____

Duration: _____

Frequency: _____

Part Two: Research Synopsis

Principal Researcher Name: _____ Date: _____

Research Title: _____

Objective: *What do you want to find out?*

Rationale: *Why is this research needed?*

Local Benefits: *How will your research and findings benefit MCCSC students or schools?*

Subjects:

Students
Parent consent letters and signature forms and student assent letters are typically required for work with student populations.

➤ Is a draft of the parent/guardian letter and signature form attached? Y / N / NA

➤ Is a draft of the student assent letter attached? Y / N / NA

Teachers

Other (*please specify*): _____

Time Requirements: *How much time will you spend with any one particular group or individual student? What is the total time you will be involved in any one classroom?*

General Procedures: *How do you intend to go about collecting the data you need?*

Materials Included: *All materials, scripts, manuals, or other supplementary instructional materials that you intend to use in connection with your research are helpful for MCCSC administrators and teachers to preview. Please list all materials you are including/attaching to this research request here.*

Summary Report: MCCSC requires researchers to provide a summary report of the research results or, in the event that a study ends prematurely, a general update/summary of research conducted.

By what date will you provide this documentation? _____

Part Three: Contract Agreement

Researcher:

I, _____ (*researcher*) certify that the research outlined in this request and all of the additional materials submitted have been reviewed and approved by the Indiana University Office of Research Compliance (IRB). *I understand that if any changes are made to the research after approval, I will submit for approval the updated protocols and new IRB approval.* I also understand that a copy of the final research product must be made available to the cooperating school corporation.

Signature: _____ Date: _____

(Please do not use digital signature: a physical signature is required.)

IU Instructor/Faculty Advisor: *(if applicable)*

I, _____, the IU instructor or faculty advisor to this student endorse the proposed research outlined in this request.

Signature: _____ Date: _____

(Please do not use digital signature: a physical signature is required.)

IU School of Education Representative:

Name: _____ Title: _____

Signature: _____ Date: _____

(Please do not use digital signature: a physical signature is required.)