

PARKLAND COLLEGE
OFFICE OF INSTITUTIONAL ACCOUNTABILITY AND RESEARCH
PROPOSAL FOR RESEARCH ON PARKLAND CAMPUS
For use by Parkland Faculty, Staff, and Students

Please complete research proposal. Provide digital signatures where indicated. The form will need to be saved to your machine or a network drive first. Helpful instructions for setting up a digital signature can be found [here](#).

Download this form and submit it to DataRequest@Parkland.edu.

Signature: _____
Status (Please mark one): <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Student
Campus Address and Department: _____
Campus Phone: _____ Date of request: _____
Email: _____

PROJECT/REPORT TITLE:

1. Describe the study objectives:

2. List the critical questions to be answered:

3. Indicate the specific subjects of the study (e.g student/staff unit, cohort groups, etc) and how they will be recruited:

4. Indicate the method(s) of contact with subjects (e.g. survey, focus groups, interviews). If the method of contact is a survey, focus group or interview, attach a copy of the questions.

A. **If surveys are to be conducted**, each survey must have an informed consent statement at the top of the survey. An informed consent statement template is attached to help you. Attach a copy of the informed consent statement that will be used on the survey.

B. If interviews or focus groups are to be conducted, each person interviewed *must sign* an informed consent statement. Researchers should keep these signed statements for *one year*. An informed consent template for an interview is attached to help you with this process. Attach a copy of the informed consent statement that will be used.

5. What method(s) of analysis will be used? (e.g. statistical tests, etc.):

6. What are the benefits of the study to Parkland College?

7. List any major or primary reference literature/studies on this topic (cite sources):

8. Identify any other approving agencies/offices involved with names and addresses (e.g. graduate instructors, institutional review boards, etc.):

9. Indicate method(s) of access to institutional data files (if secondary sources of data are to be used):

Additional materials may be attached.

Proposed target dates:

Begin Study _____
Complete Study _____
File Report/Data with Office of Institutional Accountability and Research

Recommendations and Actions:

	Signatures	Approved	Date
Administrator/Department Chair::	_____	_____	_____

Informed Consent Template for Surveys

Dear Parkland Student:

Thank you for agreeing to complete this survey. This survey is being used to gather information for **<insert reason/purpose of the survey>**. Participation on any of these questions is voluntary; which means that you do not have to answer any questions if you do not want to. Your responses to the survey will have no effect on any course grade.

<insert one of the two statements, whichever is the most accurate>

All responses will be kept **anonymous**. We are not requesting any identifying information, and the results of this survey will only be presented as a summary of all results.

All responses will be kept **confidential**. The results of this survey will only be presented as a summary of all results and you will *never* be directly identified in any way.

If you have any questions about the survey, or to learn more about the results, you may contact <insert faculty member's/researcher's name, phone number, office>.

Informed Consent Template for Interviews and Focus Groups

Dear Parkland Student:

Thank you for agreeing to participate in this study. The purpose of this interview is to gather information for <insert reason/purpose of the survey>. Participation on any aspect of this study is voluntary; which means that you do not have to answer any questions if you do not want to. Your responses to the survey will have no effect on any course grade. You may also end the interview at any time.

<insert one of the two statements, whichever is the most accurate>

Your responses will be kept **anonymous**. We are not requesting any identifying information, and the results of this survey will only be presented as a summary of all results. Your signature at the bottom of this form is not connected with your responses.

All responses will be kept **confidential**. The results of this survey will only be presented as a summary of all results and you will *never* be directly identified in any way.

If you have any questions about the survey, or to learn more about the results, you may contact <insert faculty member's/researcher's name, phone number, office>.

Signature _____ Date: _____