

## RESEARCH REVIEW APPLICATION FOR MSA 699 AND EDU 776 CAPSTONE COURSE PROJECT

Project title:			
Student name:			Student ID#:
E-mail address:	Work phone:		Home phone:
Concentration:			
Instructor's name: Inst		Instructor e-mail	l:
ourse: EPN: Program cer		Program center:	
Do you intend to use human subjects  Do you intend to publish your project	•		<u>_</u> ,,
supporting documents through IRBNe	e IRB process requires regist et. Please consult with your	ration in IRBNet and sul instructor and the appr	bmission of your application materials and ropriate program office for assistance. review. Read the following directions:
In the box below describe the purpose of your research, describe the data you plan to use, and specify the sources of your data (URL, organizational source, etc.)  Required attachments: Permission letter on the organization's letterhead if the data is not available to the general public.		In the box below describe to subject pool, the number of	the purpose of your research; specify the source of your of subjects, and the selection criteria. Specify your so (co-worker, supervisor, work in same organization,
		etc.). Describe your research methodology.  Required attachments: Copy of survey or interview questions, cover letter or consent form, permission letter on the organization's letterhead if the subject pool is not selected from a public source such as a phone directory or web page.	



Please check all that apply:	
☐ My project is work-related ☐ My project is related to my concentration	My project is not related to my work or to my
concentration. Please provide a rationale for a project that is not work-related	or concentration-related:
Directions: Insert digital signature or type in your name as verification/approva Your signature also confirms your commitment to appropriate research ethics v	while conducting this research: Submit this form and
applicable attachments to your instructor. Please wait for written approval p	rior to beginning data collection.
Student signature:	Nate:
Stadent Signature.	
Student signature:	Date:
(Please type or print your name.)	
lasta stansianst.	Date
Instructor signature:	Date:
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(Please type or print your name.)	
Program approval signature:	Date:
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Program approval signature:	Date:
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