RESEARCH REVIEW APPLICATION  
FOR MSA 699 CAPSTONE COURSE PROJECT

Project title:

Student name:      Student ID#:        
E-mail address:      Work phone:       Home phone:       Concentration:

Instructor’s name:       Instructor e-mail:      Course: EPN:       Program center:

Do you intend to use human subjects or human subjects data in your project? Yes  No

Do you intend to publish your project or present project results outside of your organization? Yes  No

**If you answered “yes” on both questions, you may be required to complete CITI training and seek approval through CMU’s Institutional Review Board (IRB).** The IRB process requires registration in IRBManager and submission of your application materials and supporting documents through IRBManager. Please consult with your instructor and the appropriate program office for assistance.  
If you answered “no” to one or both questions, you may use this form for your research review. **Read the following directions:**

|  |  |
| --- | --- |
| **Non-human subject research** | **Human subjects research** |
| 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 the purpose of your research; specify the source of your subject pool, the number of subjects, and the selection criteria. Specify your relationship to the subjects (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: Type in your name as verification/approval of the information presented in this application. Your signature also confirms your commitment to appropriate research ethics while conducting this research: S**ubmit this form and applicable attachments to your instructor. Please wait for written approval prior to beginning data collection.**

Student signature:       Date:

Instructor signature:       Date:

Program approval signature:       Date: