

**Procedures for Completing the Research Project Notification  
and Human Subjects Protection Form**

As outlined in UMGC Policy 130.25, Conducting Research Involving Human Subjects, all UMGC students, staff, faculty, and individuals external to UMGC, who wish to conduct research involving human subjects must adhere to this policy before conducting any research.

**All researchers** must complete the Research Project Notification and Human Subjects Protection Form and receive all appropriate signatures before initiating any research. Please fill in each blank and provide copies of any additional documents (i.e. draft questionnaires) as necessary.

If you have any questions about the form, ask your IRB representative.

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**Research Project Notification and Human Subjects Protection Form**

Date: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Unit Representative: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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**1. Title of Project:**

\_\_\_\_\_

**2. Purpose of the Project:**

\_\_\_\_\_

**3. Survey Instruments or Data Collection Methodology to be used.**

A. Interview, focus group, questionnaire, or other?

\_\_\_\_\_  
If other, please explain.

B. Online, regular mail, face-to-face, or other?

\_\_\_\_\_  
If other, please explain.

C. Please attach a copy of each instrument if it has been prepared. If not, explain how it will be developed.

**4. Research Design including population and sample, if applicable.**

A. UMGC Students, Staff, Faculty, or other?

\_\_\_\_\_   
 If other, please explain.

B. Sample Size \_\_\_\_\_

C. What information will be collected (e.g. any potentially sensitive subjects such as drug use, etc)?

D. What data other than the respondents' answers will be sought (e.g. via access to UMGC records)?

E. How will the privacy and confidentiality of the human subjects be recorded and stored?

F. How will the analysis protect the respondent's right to privacy (e.g., if less than five people are in a table cell, how will their identity remain anonymous)?

**5. Signature Approvals**

**Proposer Verification**

\_\_\_\_\_ I have read and understand the UMGC Policy 130.25 and the procedures for completing the Research Project Notification and Human Subjects Protection Form. I have completed the Research Project Notification and Human Subjects Protection Form fully and accurately. I agree to comply with UMGC Policy 130.25.

\_\_\_\_\_   
 Research Proposer

\_\_\_\_\_   
 Date

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**Course Instructor Approval**

\_\_\_\_\_ I have determined that the proposed research involves minimal risk and is limited to individuals within the proposer's course and is approved.

\_\_\_\_\_ I have determined that there may be a risk to human subjects and will forward the application form to the appropriate IRB representative.

\_\_\_\_\_

Course Instructor

\_\_\_\_\_

Date

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**Please return form to the Proposer or forward to IRB representative, as appropriate.****IRB Representative Approval**

\_\_\_\_\_ I have determined that the proposed research involves minimal risk and is approved.

\_\_\_\_\_ I have determined that the proposed research involves more than minimal risk and/or is being completed by an individual external to UMGC and must be forwarded to the IRB to complete a full review.

\_\_\_\_\_

IRB Representative

\_\_\_\_\_

Date

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**Please return form to the Proposer within 7 working days or forward to full IRB, as appropriate.****IRB Full Board Approval**

The IRB has completed a full review. The proposed research has been:

\_\_\_\_\_ approved.

\_\_\_\_\_ disapproved.

Explanation:

\_\_\_\_\_

IRB Chairperson

\_\_\_\_\_

Date

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**Please return form to the Proposer within 10 working days.****Appropriate Research Office Approval**

\_\_\_\_\_ I have determined that the proposed research will not denigrate the integrity of UMGC data collection nor will it put an undue burden on UMGC and UMGC data collection and surveying.

\_\_\_\_\_ I have determined that the proposed research should not be undertaken. Please see the attached memo for further explanation of this decision.

Please indicate with an "X" which individual has made the determination and then sign on the line provided below:

\_\_\_\_\_ Vice President, Accountability and Planning, UMGC-Adelphi

\_\_\_\_\_ Director, Office of Institutional Research, UMGC-Asia

\_\_\_\_\_ Director, Office of Institutional Planning, UMGC-Europe

\_\_\_\_\_  
Appropriate Research Staff

\_\_\_\_\_  
Date

**Please return form to the Proposer within 7 working days.**

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Abstracts of all proposals will be kept for two years in the UMGC-Adelphi Office of Institutional Accountability, Planning, and Research. All completed research forms, electronic research files, proposals, research reports and data collection instruments must be stored in the UMGC-Adelphi Office of Institutional Accountability, Planning, and Research for two years.