Valley City State University
Human Subjects Approval Request (HSAR I)

I. GENERAL INFORMATION

A. Title of Study: 

B. Date Submitted: Project starting date: Project ending date: 

C. Principal Investigator: 

D. Mailing Address

Street and/or PO Box

City State Zip Code

E. Telephone Email address

F. Co-Investigator(s) 

G. Funding Source 

H. Faculty/Advisor/Sponsor: 

I. Department or School (if Applicable): 

Request: ☐ Exempt ☐ Expedited Review ☐ Full Review ☐ Revised Submission

If this request is a Revised Resubmission, please include original request form.

II. RESEARCH DESCRIPTION

A. Statement of the research problem:

B. Number, type of participants/sample*, and special characteristics.**

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<th>Number</th>
<th>Type of Participant/Sample</th>
<th>Special Characteristics</th>
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C. Will participants receive any type of compensation for their participation? ☐ No ☐ Yes

If Yes, describe: 

D. Do the participants belong to any of the following protected populations? Check all that apply.

☐ Minors (17 or younger)

☐ Individuals who are cognitively impaired or unable to give consent

☐ Prisoners

☐ Pregnant women and fetuses

☐ Any individual who might not be capable of making an informed decision concerning participation e.g., persons with mental illness or psychiatric disability, economically disadvantaged, educationally disadvantaged.

* Type: student, teacher, faculty, administrator, etc.

** Special Characteristics: achievement levels, socioeconomic status, exceptionalities, neighborhoods, etc.
Using participants from any of the above categories requires submission of HSAR II.

E. Will deception be involved?  □ No  □ Yes  If "Yes" submit HSAR II.

F. Does the study involve any sensitive topics that might adversely affect the participant’s reputation, character, or employment (e.g., sexual or illegal behaviors)?  □ No  □ Yes  If "Yes" submit HSAR II

G. Sequential Outline of Procedures:
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.
   9.
   10.

III. DATA COLLECTION

A. Instruments: List and attach all tests, questionnaires, interview protocols, observation schedules, etc. and list the type of subjects to whom each will be applied (See II. B. for types and characteristics):

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<th>Instrument</th>
<th>Type of Subject(s)</th>
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B. Methods of collecting the data:
   1.
   2.
   3.
   4.
   5.
   6.

C. Is confidentiality insured:  □ No  □ Yes

If "Yes" please specify how you will handle confidential data during and after your study:
If "No" explain:

Academic and Student Research Approval (if applicable)

The advisor/faculty/sponsor responsible for the research must first approve all student research. A checked “Yes” denotes the advisor’s approval of the project and must be obtained prior to forwarding to the IRB.

□ Yes

Advisor/Faculty/Sponsor Approval Date

Department Chair or Dean must review and be aware all student/faculty research. A checked “Yes” denotes review and awareness of the project.
Attach copies of any instruments used and informed consent statements or forms.

If this request is a Revision and Resubmission, please include original request form.

IRB RECOMMENDATION:
Check type of review requested.

☐ Exempt Review
☐ Approved □ Revise and resubmit □ Not approved

☐ Expedited Review
☐ Approved □ Revise and resubmit □ Not approved

☐ Full Review
☐ Approved □ Revise and resubmit □ Not approved

________________________________________________________________________

IRB Chair’s Signature Date