

CLASSROOM
RESEARCH

Davis & Elkins College™

Institutional Review Board Classroom Research

Project Title: _____

Where will the research take place?

Location: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Type of project:

Quantitative

Qualitative

Mixed Methods

Other: (Please Explain) _____

Name of Sponsor: _____

Contact Information of Sponsor:

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Names of Students Participating as Researchers (Attach Class Roster):

Please provide a brief description of the research procedures.

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Please identify key research questions.

Please describe all risks (if any) for the participants in this study.

Please describe any incentives being offered to participate.

Please describe the steps you will take to ensure confidentiality.

Please describe the steps you will use to secure your data.

Will these data be used for further student research? If so, please describe.

Is the research project being funded? If yes, please attach the budget and identify the funder.

What information will be provided to participants regarding subjects' rights?

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Will subjects be asked to give their consent to have the data stored for future use? If no, please explain why.