

Mississippi Association of Community Colleges (MACC) Application to Conduct Research with Two or More MACC Institutions	<u>LEAVE BLANK – FOR MACC USE ONLY.</u> PROJECT NUMBER: DATE RECEIVED: CIRE Recommendation (Check One): ☐ Approve ☐ Not Approve ☐ Approve with Stipulations ☐ Table for Further Review – Review Date: Comments:
DIRECTIONS: Individuals conducting research on Mississippi's community colleges must complete this application. Individuals should also review the checklist following this application for more details. Submission of application does not equal approval. Research cannot begin before approval is granted. Applications are typically responded to within 30 days of receipt.	
<u>Purpose</u> - Individuals conducting research on Mississippi's community colleges must complete this application and obtain approval from the CIRE Sub-committee on Outside Research prior to conducting any research. This Application serves the following purposes: (1) requires the researcher to summarize the proposed research and provide supporting documentation ensuring that research is performed in compliance with all applicable laws, regulations, and institutional and federal policies regarding human subjects research, (2) ensures the proposed research has institutional support through IRB approval and the endorsement of a qualified research advisor (i.e. faculty member) who assumes responsibility for the project, (3) provides the applicant with appropriate documentation that the proposed study has been reviewed and approved.	
Principal Investigator (PI) Contact Information – The PI for the purposes of this application is the individual who will personally conduct this research study. Under most circumstances, the PI will be the student researcher.	
Name:	Phone:
Email:	Fax:
Address:	City:
	State:
	Zip:
Is the PI a current employee of one of the MCCB or one of the MACC institutions? ☐ Yes, Institution _____ ☐ No	
Research Advisor (RA) Contact Information – The RA for the purposes of this application is the individual who will personally supervise and oversee this research study. Under most circumstances, the RA will be the faculty member working with the student researcher.	
Name:	Phone:
Email:	Fax:
Address:	City:
	State:
	Zip:
Sponsoring Institution or Agency:	
Sponsoring Academic Division/Department:	
Source of funding for research:	
Start Date of Research:	End Date of Research:

Has the study obtained IRB approval from sponsoring institution?

☐ Yes, Approval Date _____ If Yes, was Study ☐ Exempt or Expedited (deemed minimal risk to human subjects)

☐ No

☐ Full Board (deemed greater than minimal risk or work with special populations of human subjects)

☐ Not Applicable, Explain:

What is the college of interest for the study?

Select more than one, if applicable.

☐ All MACC Institutions

☐ Coahoma Community College

☐ Copiah-Lincoln Community College

☐ East Central Community College

☐ East Mississippi Community College

☐ Hinds Community College

☐ Holmes Community College

☐ Itawamba Community College

☐ Jones College

☐ Meridian Community College

☐ Mississippi Delta Community College

☐ Mississippi Gulf Coast Community College

☐ Northeast Mississippi Community College

☐ Northwest Mississippi Community College

☐ Pearl River Community College

☐ Southwest Mississippi Community College

Approval by the MACC does not imply approval of individual institutions. After receiving MACC approval, the PI should contact the appropriate personnel at each of the institutions for institutional level approval.

I. Title. Provide the title of the research study.

II. Research Summary. Please answer the questions below and provide a brief, non-technical description of the study.

(a) *Purpose.* Define the purpose of the research (professional/dissertation/etc.)

☐ Doctoral Dissertation ☐ Master Thesis ☐ Course Research Project ☐ Professional, for publication

☐ Professional, for internal use ☐ Other, please specify _____

(b) *Nature.* Is the research Primary or Secondary? ☐ Primary ☐ Secondary

(c) *Mode.* How will data be collected?

☐ Survey ☐ Data Extraction ☐ Interview(s) ☐ Focus Group(s) ☐ Other ☐ Professional, for publication

(d) *Rationale.* State research questions and/or hypotheses and tell why the study is needed.

(e) *Institutional Burden.* Provide an estimate of the classroom or individual time and/or institutional resources required to conduct study. Include any institutional resources requested such as faculty/staff, computer labs, equipment, supplies, and/or administrative support.

(f) *Use of Data/Anonymity.* Please answer the following questions about how the data will be presented.

Is the data comparative? ☐ Yes ☐ No

If yes, will the included institutions be compared against each other or against institutions outside of the MACC? Will the MACC be compared against other state systems?

☐ Institutions within MACC will be compared against each other.

☐ Institutions will be compared with institutions outside of the MACC.

☐ The MACC will be compared against other state systems.

☐ The data will be used comparatively in a different manner.

Describe entities to be compared: _____

☐ The data will not be used as comparative data.

Will the institutions involved in the research be anonymous in the published result? ☐ Anonymous ☐ Not Anonymous

Please provide a summary of data security measures to be employed in connection with the research:

Note: Section III below applies to survey, interview, and other research methods that include direct or indirect contact with human subjects. Researchers using data limited to databases may skip Section III and move on to Section IV.

III. Participants. Provide a brief, non-technical description of the human subjects of the study. This summary should readily identify the following:

(a) *Participants.* Specify number of participants and their gender, ethnicity, race, and age. Clearly state any inclusion/exclusion criteria as well as identify any select populations such as minors, pregnant women, non-English speaking, remedial, elderly, specific major, etc. If any vulnerable populations are included (i.e. minors, adults with cognitive impairment, non-English speaking persons, etc.) identify additional precautions for their protection.

(b) *Anonymity.* What safeguards will be in place for the identity of participants to be anonymous and secure?

(c) *Recruitment.* Describe how potential subjects will be made aware of the study and outline any recruitment procedures (email, letters, class announcements, newspaper ads, etc.), including any compensation or incentives.

(d) *Informed Consent.* Identify the process of gaining participant consent. Attach a copy of any consent forms used in the study. Provide any necessary explanation if informed consent is waived or not applicable.

(e) *Risks and Deception.* Describe any immediate or long-term risks to participants that may arise from participation in this study (physical, emotional, social, occupational, financial, legal, etc.). Indicate if these risks are greater than those faced in normal life, and provide justification for any deception of participants.

Signatures	
Principal Investigator – I certify that the information in this application is complete and correct. As Principal Investigator, I have the ultimate responsibility for protecting the rights and welfare of human participants, secure conduct of the research, and the ethical performance of the project. I will comply with all applicable federal, state, and local laws regarding the protection of participants in human research.	
Signature of Principal Investigator	Date
If the proposed research is sponsored by an institutional of higher learning, has the proposed research been approved by the IRB of the sponsoring institution? ☐ Yes ☐ No If “Yes”, please obtain the Research Advisor and Department Chair (if applicable) signature below. If “No” the Research Advisor and Department Chair signatures may be left blank. Research Advisor – I certify that the information in this application is complete and correct, and that this proposed research has been approved by the IRB of the sponsoring institution. As Research Advisor, I confirm that the student researcher under my guidance is knowledgeable about the regulations and policies governing research with human subjects, and has sufficient training and experience to conduct the research outlined in this application. I further agree to regularly meet with the student researcher to monitor his or her progress; and if problems arise, I will become personally available to help the student researcher resolve those problems. As an advisor on this project, I will assure the protection of the rights and welfare of human participants, secure conduct of the research, and the ethical performance of the project. I will comply with all applicable federal, state, and local laws regarding the protection of participants in human research.	
Signature of Research Advisor	Date
Department Chair – I acknowledge that this research is in keeping with the standards set by our department and our institutional IRB or its equivalent. I also certify that the Principal Investigator has met all the departmental and institutional requirements for approval of this research.	
Signature of Department Chair	Date
CIRE subcommittee chair – I acknowledge on behalf of the Council on Institutional Research and Effectiveness (CIRE) that this research has been reviewed and has subsequently received the following recommendation by consensus of the membership:	

☐ Approved

☐ Tabled for Further Review

☐ Not Approved

☐ Approved with Stipulations:

Signature of CIRE Subcommittee Chair

Date