

Authorization to Conduct Research

PLEASE READ BEFORE SIGNING

The person(s) requesting authorization to conduct a research project through Lane Community College agree(s) to do the following:

1. The researcher(s) will submit to the Research Review Committee a brief written statement and/or a copy of the proposal with the Authorization to Conduct Research form. This statement will address the following items:
 - a. Purpose of the research
 - b. Description of how the research is compatible with Lane's mission and purpose (e.g., relationship to the teaching/learning environment, relationship to Lane's policies, procedures or operations).
 - c. Methodology (e.g., sampling techniques, treatment of the data, analysis). Copies of any instruments to be used must be attached to the form.
 - d. Description of how the results will be disseminated and used.
 - e. Description of additional support provided by other agencies and/or persons.
 - f. Description of methods to be used to ensure protection of human subjects.
2. The researcher(s) will conduct research in a manner that will not violate federal regulations concerning protection of human subjects or established college policies regarding the protection of student rights.
3. Research requiring student and/or staff participation is contingent upon the approval and voluntary cooperation of the appropriate instructional department(s) or college unit(s). It is the responsibility of the researcher to obtain written approval prior to submission of this request to the Research Review Committee.
4. The researcher must notify participants that this research has been authorized by the college.
5. The researcher must provide a written summary of the results. If appropriate, a copy of the publication in which the results of the research are published will be supplied to the college.
6. The research review committee may request any research data in addition to, or in lieu of, a final written summary.

(over please)

Authorization to Conduct Research
Lane Community College

Title of Project: _____

Person(s) Conducting Research:

_____ (name) (address) (phone)

_____ (name) (address) (phone)

Affiliated With: _____
(educational institution, community group, etc.)

References:

_____ (name) (affiliation) (phone)

_____ (name) (affiliation) (phone)

Type of Subjects to be Contacted: _____
(students, staff, faculty, etc.)

Number of Subjects to be Contacted: ____

Estimated Duration: _____ to _____
(beginning date) (ending date)

The researcher has submitted the required written information and agrees to the items on the reverse side. PLEASE READ REVERSE SIDE BEFORE YOU SIGN THIS FORM.

		X _____	_____
		Person(s) Requesting Authorization	Date
APPROVE	DENY		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Instructional Department/College Unit	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Research Review Committee Member	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Research Review Committee Member	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		President/vice President (if appropriate)	Date

**Submit to: Research Review Committee
Research and Planning**