

**DEPARTMENT HEAD APPROVAL FORM**

**TO:** Project Directors  
**FROM:** Tamira London  
Office of Research and Partnerships  
E-mail: [tlondon@latech.edu](mailto:tlondon@latech.edu)

**Rev. 11/30/2022**

**SUBJECT: HUMAN USE COMMITTEE REVIEW**

**Please submit this page, signed by yourself, and your Department Head or Dean, when submitting a proposal to the Human Use Committee for expedited approval.**

**Your signatures are stating that you are aware of this proposal and/or survey being conducted, and all aspects of the study comply with the appropriate University Policies and Procedures.**

NOTE: If using a digital signature, you will be asked to save as a new PDF filename upon signing.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Faculty Member Serving as Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Researcher (If applicable)

\_\_\_\_\_  
Academic Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Name

**Department Head - Please check one box:**

I approve this project

I do NOT approve of this project moving forward

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**LOUISIANA TECH IRB SUBMISSION FORM** Submit  
to Tamira London E-mail [tlondon@latech.edu](mailto:tlondon@latech.edu)

*Please allow 2 weeks for initial Processing*

**STUDY/PROJECT INFORMATION FOR HUMAN SUBJECTS COMMITTEE**

Do you plan to publish this study?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will this study be published by a national organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are copyrighted materials involved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have written permission to use copyrighted materials?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Researchers must comply with all training requirements from their funding agency. Are all Researchers Up to Date on Human Subjects Training? (attach certificates)		
Training is on <a href="http://www.citiprogram.org">www.citiprogram.org</a>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any Special Permissions Need to be attached? (School district, data holder, Agency)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Describe your study/project in detail for the Human Subjects Committee. Please include the following information:**

**TITLE:** \_\_\_\_\_

**PROJECT DIRECTOR(S):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DEPARTMENT(S):** \_\_\_\_\_

**PURPOSE OF STUDY/PROJECT:**

**SUBJECTS:**

**DETAILED PROCEDURE:**

**INSTRUMENTS AND MEASURES TO ENSURE PROTECTION OF CONFIDENTIALITY, ANONYMITY:**

**RISKS/ALTERNATIVE TREATMENTS:**

**BENEFITS/COMPENSATION:**

**SAFEGUARDS OF PHYSICAL AND EMOTIONAL WELL-BEING:**

## HUMAN SUBJECTS CONSENT FORM

The following is a brief summary of the project in which you are asked to participate. Please read this information before signing the statement below. You must be of legal age or must be co- signed by parent or guardian to participate in this study.

**TITLE OF PROJECT:** \_\_\_\_\_

**PURPOSE OF STUDY/PROJECT:**

**SUBJECTS:**

**PROCEDURE:**

**BENEFITS/COMPENSATION:**

**RISKS, DISCOMFORTS, ALTERNATIVE TREATMENTS:**

The participant understands that Louisiana Tech is not able to offer financial compensation nor to absorb the costs of medical treatment should you be injured as a result of participating in this research.

The following disclosure applies to all participants using online survey tools: This server may collect information and your IP address indirectly and automatically via "cookies".

I, \_\_\_\_\_, attest with my signature that I have read and understood the following description of the study, "( and its purposes and methods. I understand that my (Or my Child's) participation in this research is strictly voluntary and my (or my child's) participation or refusal to participate in this study will not affect my relationship with Louisiana Tech University or my grades in any way. Further, I understand that I may withdraw (my child) at any time or refuse to answer any questions without penalty. Upon completion of the study, I understand that the results will be freely available to me upon request. I understand that the results of the material will be confidential, accessible only to the principal investigators, myself, or a legally appointed representative. I have not been requested to waive nor do I waive any of my rights related to participating in this study.

\_\_\_\_\_  
Signature of Participant or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of child if Applicable

**CONTACT INFORMATION:** The principal experimenters listed below may be reached to Answer questions about the research, subjects' rights, or related matters.

**PRINCIPAL INVESTIGATOR:** \_\_\_\_\_

**CO-INVESTIGATOR:** \_\_\_\_\_

Members of the Human Use Committee of Louisiana Tech University may also be contacted if a problem cannot be discussed with the experimenters:

**Human Use Committee Chair:**

**Dr. Walter Buboltz, Professor, Director, of Training Counseling Psychology**

**Ph: (318) 257-4039, Email: [buboltz@latech.edu](mailto:buboltz@latech.edu)**

**Example Application and Consent Document: Do not submit**

**Describe your study/project in detail for the Human Subjects Committee. Please include the following information.**

**TITLE:** An exploration of personality characteristics and mood state.

**PROJECT DIRECTOR(S):** Professor XYZ

**EMAIL:** xxx

**PHONE:** xxx

**DEPARTMENT(S):** Behavioral Sciences

**PURPOSE OF STUDY/PROJECT:** To determine the relationship, if any, between socialized personality characteristics and mood state.

**SUBJECTS:** Louisiana Tech University students selected from psychology classes.

**PROCEDURE:** Approximately 200 students from introductory psychology classes will voluntarily complete a packet of self-report inventories, including a sex role questionnaire, a depression inventory, and a self-efficacy survey. Data will then be analyzed to determine the relationship among these variables.

**INSTRUMENTS AND MEASURES TO INSURE PROTECTION OF**

**CONFIDENTIALITY, ANONYMITY:** The 21 items Beck Depression Inventory (BDI) developed by Aaron T. Beck will be used to assess mood. The Bem Sex-Role Inventory (BSRI), a 60 item inventory developed by Sandra Bem, will be utilized to assess sex-role. The 27 item Self-Efficacy Scale (SES) developed by Robert Tipton and Everett Worthington will be used to measure self-efficacy. Additionally, a brief self-report instrument developed by the researchers will be used to collect demographic information and additional characteristics. Names will not be linked to surveys, and consent forms will be kept separately.

**RISKS/ALTERNATIVE TREATMENTS:** There are no known risks at this time other than normal everyday risks. The participant understands that Louisiana Tech is not able to offer financial compensation nor to absorb the costs of medical treatment should you be injured as a result of participating in this research.

**BENEFITS/COMPENSATION:** None

**SAFEGUARDS OF PHYSICAL AND EMOTIONAL WELL-BEING:** This study involves no treatment or physical contact. All information collected from the survey will be held strictly confidential. No one will be allowed access to the survey other than the researchers.

## Consent Form Sample:

This is a sample consent form: informed consent should be designed and presented in such a way that facilitates a potential subject's understanding of why one would want to participate in a research study or not, and explain the risks and benefits in participation if any. You may use your own template or edit this version. Please submit the final copy of exactly what your subjects will see and or sign. Be sure all procedures involving the participants are listed specifically. Include photographing, recording, filling out surveys, submitting materials, interviewing, etc. (see sample form) Note: You may need to remove or add information based on your research.

### HUMAN SUBJECTS CONSENT FORM

The following is a brief summary of the project in which you are asked to participate. Please read this information before signing the statement below. You must be of legal age or must be co- signed by parent or guardian to participate in this study.

**TITLE OF PROJECT:** An exploration of personality characteristics and mood state.

**PURPOSE OF STUDY/PROJECT:** To determine the relationship, if any, between socialized personality characteristics and mood state

**SUBJECTS:** Psychology freshman level students

**PROCEDURE: (Give a step by step Process of what the participants will asked to do)** You voluntarily complete a packet of self-report inventories, including a sex role questionnaire, a depression inventory, and a self-efficacy survey. This will take approximately 20 minutes. Data will then be analyzed to determine the relationship among these variables. All information will be kept strictly confidential, with no way to identify the participant. Individual results will not be shared.

**BENEFITS/COMPENSATION:** By participating in this study, we can gain better knowledge in the relationship of socialized personality characteristics and mood, which in turn may help gain a better understanding in social diseases.

**RISKS, DISCOMFORTS, ALTERNATIVE TREATMENTS:** There are no risks associated to this study, but some questions may be personal in nature. You may skip any questions that may make you feel uncomfortable.

The participant understands that Louisiana Tech is not able to offer financial compensation nor to absorb the costs of medical treatment should you be injured as a result of participating in this research.

The following disclosure applies to all participants using online survey tools: This server may collect information and your IP address indirectly and automatically via "cookies".

I, \_\_\_\_\_, attest with my signature that I have read and understood the following description of the study, "(An exploration of personality characteristics and mood state)", and its purposes and methods. I understand that my participation in this research is strictly voluntary and my participation or refusal to participate in this study will not affect my relationship with Louisiana Tech University or my grades in any way. Further, I understand that I may withdraw at any time or refuse to answer any questions without penalty. Upon completion of the study, I understand that the results will be freely available to me upon request. I understand that the results of my survey will be confidential, accessible only to the principal investigators, myself, or a legally appointed representative. I have not been requested to waive nor do I waive any of my rights related to participating in this study.

\_\_\_\_\_  
Signature of Participant or Guardian

\_\_\_\_\_  
Date

**CONTACT INFORMATION:** The principal experimenters listed below may be reached to answer questions about the research, subjects' rights, or related matters.

Principal Investigator: \_\_\_\_\_

Co-Investigator: \_\_\_\_\_

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