DEPARTMENT HEAD APPROVAL FORM

TO: Project Directors

FROM: Beverly Hill-Hercules, Office of Sponsored Projects

 bhillher@latech.edu

 318-257-2415 phone

 318-257-5079 fax

 <http://research.latech.edu/>

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.

(Print or type below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Subject Area of Research

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member Serving as Principal Investigator (Signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Researcher (If applicable) Academic Program Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Head Date

(Actual Original Signature Required)

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

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

 **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:**

**PROCEDURE:**

**INSTRUMENTS AND MEASURES TO INSURE 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”.**

**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:**

**Dr. Richard Kordal, Director, Office of Intellectual Property & Commercialization**

**Ph: (318) 257-2484, Email:** **rkordal@latech.edu**

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

**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.

SAMPLE

**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. All collected information will be held confidential and only viewed by the researchers

**RISKS/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.**

**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.

**Note: Use the Human Subjects Consent form to briefly summarize information about the study/project to participants and obtain their permission to participate.**