

STUDENT AFFAIRS RESEARCH APPROVAL FORM

Date _____

1. NAME _____ EMAIL: _____
UNIT _____ PHONE: _____
2. TITLE OF RESEARCH (appropriately descriptive of target population)
3. Have you prepared an Institutional Research Board request? Yes ___ No ___
If yes, PLEASE ATTACH THE INSTITUTIONAL RESEARCH BOARD FORMS
– See the following website for more information. <http://www.irb.illinois.edu/>
You may skip questions 4-6 if you attach completed IRB forms. Also, please send copy of the approval letter once it is available.
4. COST
 - a. To Student (e.g., time; inconvenience; monies/fees, etc.)
 - b. To Researcher (e.g., what/who are your support/funding sources?)
 - c. To Unit/Department (e.g., space; professional/secretarial staff time; supplies; and other resources used initial and ongoing)
 - d. To Student Affairs (e.g., what funding and/or personnel costs at this level? How will this reflect on the perceived mission, reputation, or strategic plan initiatives of Student Affairs?)
5. BENEFITS
 - a. To Students (e.g., how does this research assist students in achieving their educational objectives, remove barriers to education, promote retention, enhance development, etc.?)

- b. **To Researcher (How will the research be utilized? e.g., meet degree or course requirements, publish results, use within researchers unit, etc.)**

- c. **To Unit/Department/Student Affairs (e.g., enhance the quality of service or program delivery; create more cost effective modes of services/program delivery, meet Strategic Plan goals, or to expand the body of professional knowledge and expertise.)**

6. WHO HAS BEEN CONSULTED ABOUT THIS PROJECT?

APPROVALS:

 Researcher(s) Date: _____

 Researcher(s) Date: _____

 Researcher Supervisor Date: _____

 Director/Department Head Date: _____

 Chair, Student Affairs Research Committee Date: _____

Questions and this form should be submitted to Dr. Belinda De La Rosa, 300 Turner Student Services building, blarosa@illinois.edu, (217) 333-0050.