

**Form A**

**Request to Conduct Research at Pellissippi State Community College**

Date: \_\_\_\_\_

1. Contact Information for Principal Researcher:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Telephone (day): \_\_\_\_\_

d. Email address: \_\_\_\_\_

2. Qualifications of Principal Researcher:

Position (undergraduate, graduate student, professor, other): \_\_\_\_\_

Institution: \_\_\_\_\_

Employment Status (specify job and location): \_\_\_\_\_

\_\_\_\_\_

Other (occupation and affiliated institution, if any): \_\_\_\_\_

3. Exact Title of Proposed Project: \_\_\_\_\_

4. Type of Research Project:

Dissertation

Thesis

Marketing study

Independent class project

Survey

Other (describe): \_\_\_\_\_

5. Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Project Objective/Intent: \_\_\_\_\_

\_\_\_\_\_

7. Project Time Frame: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_
8. Description of Participants (explain whether the population or a sample will be used): \_\_\_\_\_  
\_\_\_\_\_
9. Data Collection Method: \_\_\_\_\_
10. Project Researchers (other than Principal Investigator named above): \_\_\_\_\_  
\_\_\_\_\_
11. Project supervisor/chair/committee members: \_\_\_\_\_
12. Include single copies of survey/instrument/questions used by participants and cover letters, instructions, permission statements and consent forms. List the forms submitted below:
13. Provide a copy of Human Subjects form completed for submission to researcher's parent institution (required by Code of Federal Regulations, Part 46 (45 CFR 46)). Is a copy of this submission included? Yes\_\_\_\_ No\_\_\_\_ (If no, please explain):
14. Pellissippi State Institutional Review Board (IRB) policies and procedures must be followed for human subjects research and are available on the Institutional Research web site at [http://www.pstcc.edu/departments/institutional\\_research/index.htm](http://www.pstcc.edu/departments/institutional_research/index.htm).
15. By signing this Request to Conduct Research, the researcher agrees to forward a copy of the results of the study to the Director of Institutional Effectiveness, Research and Planning.
16. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Researcher must forward Form A with a cover letter or memo requesting permission to conduct a study to the following:

Director of Institutional Effectiveness, Research and Planning  
Pellissippi State Community College  
10915 Hardin Valley Road, Goins Building Room 256  
P.O. Box 22990  
Knoxville, TN 37933-0990  
Telephone: 865/694-6526 Fax: 865/539-7045