

HUMAN SUBJECTS RESEARCH PROTOCOL APPROVAL FORM

Primary Investigator Information				
Primary investigator Name				
College				
Department				
Address:				
Email				
Phone				
Collaborators	College Name	University	Mobile #	Type
				<input type="checkbox"/> Faculty <input type="checkbox"/> Staff
				<input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Research Information				
Research Title				
Project Purpose				
Research Methodology				
Expected Outcome				

Significance of project to your discipline				
Duration	Start Date		End Date	
Funded	Source		Amount	
Type of Project	Thesis	<input type="checkbox"/> Master <input type="checkbox"/> PHD		
		Title of Thesis		
		Supervisor		
	Classwork	Course title		
	Project	Title		
Research Methods				
Subject of the population				
Types of instruments to be used		<input type="checkbox"/> Tests <input type="checkbox"/> Questionnaires <input type="checkbox"/> Interview <input type="checkbox"/> Form groups <input type="checkbox"/> Other specify:		
How to be administered		<input type="checkbox"/> Phone <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Email <input type="checkbox"/> Online <input type="checkbox"/> In person <input type="checkbox"/> Other Specify:		
Frequency of subject application				
Data will be recorded using		<input type="checkbox"/> Written notes <input type="checkbox"/> Audio tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Observation		

	<input type="checkbox"/> Photography <input type="checkbox"/> Other Specify:
Population checklist	<input type="checkbox"/> Faculty <input type="checkbox"/> Students <input type="checkbox"/> Staff, Specify: <input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Dean <input type="checkbox"/> Other, Specify:
Please indicate all measures to be taken to insure the protection of Subjects' Confidentiality including where all data will be stored and when it will be destroyed.	
Please check each category of data that will be reported in your study	Subjects: <ul style="list-style-type: none"> <input type="checkbox"/> Names of People <input type="checkbox"/> Address <input type="checkbox"/> Phone number <input type="checkbox"/> Ages <input type="checkbox"/> Gender <input type="checkbox"/> Marital status <input type="checkbox"/> Types of Employees <input type="checkbox"/> Incomes <input type="checkbox"/> Job titles <input type="checkbox"/> Name of employers <input type="checkbox"/> Other
Will the research involve	<input type="checkbox"/> Psychological Stress <input type="checkbox"/> Physical hazards <input type="checkbox"/> Specify
Data will be used for?	<input type="checkbox"/> Publication <input type="checkbox"/> Evaluation <input type="checkbox"/> Needs assessment <input type="checkbox"/> Conference presentation <input type="checkbox"/> Degree requirement <input type="checkbox"/> Class report (Oral/Written)
Other comments	

Risk & confidentiality
Measures to be taken in case of risk
Measures to be taken to insure the protection of subjects' confidentiality.

Recommendation
This activity has been reviewed by the Dean of Scientific Research at the University of Business and Technology (UBT)

Committee composed of:

	Name	Date	Signature
Rector			
Vice rector of Academics			
Dean of Scientific Research			