





### PRIMARY INVESTIGATOR INFORMATION

**Name**

Click here to enter text.

**Company / Institution**

Click here to enter text.

**Position / Job Title**

Click here to enter text.

**E-mail**

Click here to enter text.

**Street Address**

Click here to enter text.

**City**

Click here to enter text.

**Street Address (line 2)**

Click here to enter text.

**State**

NC

**Zip Code**

00000

**Phone Number**

(000) 000-0000

**Degree Sought**

Master  Doctorate

Other [Click here to enter text.](#)



### PRIMARY INVESTIGATOR DEGREE-GRANTING INSTITUTION

**Institution Name**

Click here to enter text.

**Department**

Click here to enter text.

**Street Address**

Click here to enter text.

**City**

Click here to enter text.

**Street Address (line 2)**

Click here to enter text.

**State**

NC

**Zip Code**

00000

**Phone Number**

(000) 000-0000

**Department Website URL**

Click here to enter text.

RESEARCH COMMITTEE

Research Chair / Primary Institution Contact

Click here to enter text.

Position / Job Title

Click here to enter text.

Street Address

Click here to enter text.

City

Click here to enter text.

Street Address (line 2)

Click here to enter text.

State

NC

Zip Code

00000

Phone Number

(000) 000-0000

Email

Click here to enter text.

ADDITIONAL COMMITTEE MEMBERS

Name

Click here to enter text.

Email

Click here to enter text.

Name

Click here to enter text.

Email

Click here to enter text.

Name

Click here to enter text.

Email

Click here to enter text.

CENTRAL PIEDMONT SPONSOR (external researchers only)

All external researchers require a sponsor at Central Piedmont. Sponsor must be a full-time faculty or staff member affiliated with the area in which study will be conducted.

Sponsor Name

Click here to enter text.

Sponsor Department

Click here to enter text.

Phone Number

(000) 000-0000

Email

Click here to enter text.

Does any investigator or sponsor associated with the proposed study have a significant financial interest in or other potential conflict of interest with the study as proposed? Please see Potential Conflicts of Interest and Glossary of Terms in ancillary materials for more information and examples.

No  Yes. Please provide explanation below.

Click here to enter text.

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## RESEARCH PROPOSAL

***The following information is of key importance to the review of the proposed study. Answers must be clear, logical, and with sufficient detail for the committee to understand the proposed study. Additional information may be request by the committee prior to consideration of the application.***

### Title of Proposal

Click here to enter text.

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### Purpose of the Proposed Study

Click here to enter text.

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### Numbered List of All Research Questions

Click here to enter text.

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**Identify independent variable(s) for each research question (as appropriate).**

Click here to enter text.

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**Identify dependent variable(s) for each research question (as appropriate).**

Click here to enter text.

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**Is deception involved or is there any aspect of the procedure that could cause stress, discomfort, or adverse reactions for participants? Please see *Glossary of Terms* in ancillary materials for more information.**

No  Yes. Please provide explanation below.

Click here to enter text.

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**Will participants receive incentives and/or payments? Please see *Glossary of Terms* in ancillary materials for more information.**

No  Yes. Please provide explanation below.

Click here to enter text.

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**Explain any potential negative effects from study, including the use of vulnerable populations. Please see *Glossary of Terms* in ancillary materials for more information.**

No  Yes. Please provide explanation below.

Click here to enter text.

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**Applicants must agree to the following statements. The application will not be considered unless all check boxes (1-6) are completed.**

- (1) I understand my application will not be considered until all supplementary material or requested explanations are received by Central Piedmont.
- (2) I understand any changes to the research protocol, instruments, or forms must be submitted and approved prior to study implementation.
- (3) I understand Central Piedmont approval expires one year from the initial approval date. If my study extends beyond that time, I must obtain an extension from Central Piedmont.
- (4) I agree that I will not name Central Piedmont in any published work resulting from this research. (Central Piedmont suggests “a large urban community college in the southeast” be used as a description.)
- (5) If it is critical that I name Central Piedmont in my publication, I agree to seek further approval from Central Piedmont and include a copy of the proposed publication for review.
- (6) I agree to share the results of my study with Central Piedmont. I will send summary results to Dr. Bobbie Frye at [bobbie.fyre@cpcc.edu](mailto:bobbie.fyre@cpcc.edu)

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**SUPPLEMENTAL MATERIAL**

**The following are being submitted in conjunction with the Research Approval Application:**

- Committee Chair Signature Form
- Informed Consent Form(s)
- Survey Instrument
- Other (please describe)  
[Click here to enter text.](#)

**PRIMARY INVESTIGATOR SIGNATURE**

**Please type your legal signature in the box to submit your application.**

[Click here to enter text.](#)

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**Date of Submission** [Click here to enter a date.](#)