



**OFFICE OF INSTITUTIONAL RESEARCH & EFFECTIVENESS
NORTHWEST MISSISSIPPI COMMUNITY COLLEGE**

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APPLICATION FOR EXTERNAL RESEARCH

This policy applies to all research requests to use Northwest Mississippi Community College (NWCC) students, faculty, staff, or data, and is not conducted directly by NWCC for the primary purpose of institutional research.

Guidelines:

All external research will be conducted to the highest ethical standards. NWCC students, faculty, and staff participating in research must be fully informed as to the purpose of the research, risks and benefits, and what participation will entail; give their consent to participate; and be free to withdraw from the research at any time.

NWCC, its students, faculty, and staff involved in external research will not be identified when findings are presented or published.

The researcher agrees to follow all directives of NWCC personnel while on NWCC grounds or at NWCC- sponsored events.

The researcher agrees to inform NWCC when the research is complete, and to provide NWCC a copy of the results of the study.

Approval of Process:

All external proposals should first be approved by the MCCB. Please refer to the MCCB website for further information.

This application should be completed by the Principal Investigator and sent to the Director for Institutional Research, along with a copy of the approved Application to Conduct Statewide Research on MACJC Institutions from the MCCB.

The Director of Institutional Research will review all proposals, and may circulate proposals to other members of the NWCC community for comment. A letter will be issued to the researcher indicating acceptance or rejection of the proposal. If approved, the letter will contain specific instructions for the use of NWCC facilities, including specific date and time limits.

SUBMISSION OF AN APPLICATION TO NWCC DOES NOT EQUAL APPROVAL. YOU MAY NOT BEGIN THIS RESEARCH UNTIL YOU HAVE AN APPROVAL LETTER.

NWCC reserves the right to terminate any and all external research at the discretion of the Director of Institutional Research.

All inquiries and proposals should be submitted to the address at the top of this application.

PRINCIPLE INVESTIGATOR (PI) CONTACT INFORMATION: The PI for the purposes of this application is the individual who will personally conduct this research study. Under most circumstances, the PI will be the student researcher.

NAME:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

TITLE: Provide the title of the research study. This should be the same title as listed on the *Application to Conduct Statewide Research on MACJC Institutions* from the MCCB.

Appropriateness of Study to NWCC. Comment on the potential benefits and any negative aspects for the NWCC community.

DATA COLLECTION: Describe the data collection plans here. Researchers must make their own arrangements to collect data and it is up to the researcher to get faculty cooperation if they plan to use class time. NWCC does not provide faculty or student e-mail addresses.

DATA COLLECTION FORMAT. Check all that apply. All survey instruments and/or interview protocols should be included with this application as separate PDF documents.

Survey Instruments

Interviews

Electronic Data

Other

INTRUSIVENESS OF STUDY. Please give your best estimate as to the intrusiveness of the study, specifically with regard to classroom time, NWCC faculty/staff time, computer time/resources.

INFORMED CONSENT. Consent forms are present or will be used where necessary – If human subjects are being used, the informed consent must be included as an attachment. It is especially important that the document indicate that subjects are free to participate or not.

Yes

No

DESIRED TIME FRAME: Please indicate the desired time frame of the research. Please keep in mind that the actual time frame approved will be coordinated through the Office of Institutional Research and Effectiveness.

FROM:

TO:

SIGNATURE:

PRINCIPAL INVESTIGATOR - I certify that the information in this application is complete and correct. As Principal Investigator, I have the ultimate responsibility for protecting the rights and welfare of human participants, secure conduct of the research, and the ethical performance of the project. I will comply with all applicable federal, state, and local laws regarding the protection of participants in human research.

DATE:

APPROVAL:

DIRECTOR OF INSTITUTIONAL RESEARCH - I acknowledge that this research has been reviewed and has subsequently received the following recommendation:

Approved

Tabled for Further Review

Not Approved

Approved with Stipulations

SIGNATURE:

DATE:

NWCC OFFICE USE ONLY:

PROJECT NUMBER:

DATE RECIEVED:

NWCC RECOMMENDATION:

Approve

Not Approve

Approval with Stipulations

Table for Further Review . Review Date:

COMMENTS:

CHECKLIST OF FORMS PROVIDED:

MCCB Application Approval

NWCC Application

Survey Instruments

Interview Protocols

Consent Forms

ELECTRONIC DATA FILES REQUESTED:

DATE DATA FILES WERE PROVIDED:

FILE NAME:
