**Slippery Rock University**

**Research Permissions Committee**

**External Researcher Application Form**

Principal Investigator:

Home Institution:

Mailing Address:

Telephone:       Email Address:

Project Title:

Project Period:      /     /      to      /     /

Name of Person at SRU with whom you will be working (if known):

Number of Participants Requested at SRU: Faculty       Staff       Students

Provide a brief description of the project. Include the data collection methods (i.e., surveys/ questionnaires, interviews, etc.) and the procedures to be used to carry out the research (i.e., electronic, face-to-face, etc.).

Describe the participant population chosen for this project. Include the rationale for requesting participants from SRU and how the SRU participants will be contacted.

Describe how the results of the project will be used (i.e., presentations, publications, thesis, dissertation, etc.).

Attach the following documents: Approved Protocol

IRB approval letter from home institution

 Consent form or informational letter to be given to participants

 Copy of the survey/questionnaire or interview questions

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Send the completed **External Researcher Application Form** and attached documents to

the IRB Office, Slippery Rock University, 104 Maltby Ave.,

Suite 008, Slippery Rock, PA 16057 or email to irb@sru.edu.

Questions may be directed by email to irb@sru.edu or by telephone at 724-738-4846.