STUDENT AFFAIRS RESEARCH APPROVAL FORM

1. NAME ___________________________ EMAIL: ___________________________
   UNIT ___________________________ PHONE: ___________________________

2. TITLE OF RESEARCH (appropriately descriptive of target population)

3. Have you prepared an Institutional Research Board request? Yes _____ No _____
   If yes, PLEASE ATTACH THE INSTITUTIONAL RESEARCH BOARD FORMS
   – See the following website for more information. http://www.irb.illinois.edu/
   You may skip questions 4-6 if you attach completed IRB forms. Also, please send
   copy of the approval letter once it is available.

4. COST
   a. To Student (e.g., time; inconvenience; monies/fees, etc.)
   b. To Researcher (e.g., what/who are your support/funding sources?)
   c. To Unit/Department (e.g., space; professional/secretarial staff time; supplies;
      and other resources used initial and ongoing)
   d. To Student Affairs (e.g., what funding and/or personnel costs at this level?
      How will this reflect on the perceived mission, reputation, or strategic plan
      initiatives of Student Affairs?)

5. BENEFITS
   a. To Students (e.g., how does this research assist students in achieving their
      educational objectives, remove barriers to education, promote retention,
      enhance development, etc.)
b. To Researcher (How will the research be utilized? e.g., meet degree or course requirements, publish results, use within researchers unit, etc.)

c. To Unit/Department/Student Affairs (e.g., enhance the quality of service or program delivery; create more cost effective modes of services/program delivery, meet Strategic Plan goals, or to expand the body of professional knowledge and expertise.)

6. WHO HAS BEEN CONSULTED ABOUT THIS PROJECT?

APPROVALS:

________________________________________________________________________ Date: ______________________
Researcher(s)

________________________________________________________________________ Date: ______________________
Researcher(s)

________________________________________________________________________ Date: ______________________
Researcher Supervisor

________________________________________________________________________ Date: ______________________
Director/Department Head

________________________________________________________________________ Date: ______________________
Chair, Student Affairs Research Committee

Questions and this form should be submitted to Dr. Belinda De La Rosa, 300 Turner Student Services building, blarosa@illinois.edu, (217) 333-0050.