

Research Proposal Approval

I. Proposal Information

Title: _____

Submitted by: _____
Name

Address

Telephone Number and E-mail Address (optional)

Date Submitted: _____

II. Research Agreement

The individual submitting this research proposal has read and agrees to the following conditions:

- Confidentiality of subjects' identity will be maintained
- Obtain the signature of subjects on Informed Consent Form, if needed.
- A copy of the results will be provided to the Human Subjects Research Review Committee.
- The signature of the research advisor will be obtained if research is part of an educational requirement.
- The research design is in accordance with accepted standards regarding human subjects' rights.
- No compensation of any kind will be given to inmates for their participation in the research.

Researcher: _____
(Signature) (Title)

(Academic Institution or Other Agency Affiliation)

Advisor:
(If Applicable) _____
(Signature) (Title)

(Academic Institution or Other Agency Affiliation)

III. Approval Signatures

Research Review – Central Office Date

Deputy Director, Office of Policy Date

Managing Officer/Field Supervisor Date