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| --- | --- | --- | --- |
| **Is My Project Human Subjects’ Research?** | | | |
| **Title of Project:** | | | |
| **Principal Investigator (Faculty or Administrators Only)** | | | |
| **Name:** | **E-mail:** | | |
| **Department/Division/School:** | | | |
| **Co-Investigator** | | | |
| **Name:** | | **E-mail:** | |
|  | | | |
| **Brief Project Description:** | | | |
| **I. I want to access publicly available (unrestricted) data.**  Y N  If yes, please provide the following:  **Source of the data:**  **Name of the data set:**  **If you selected yes, stop here; sign and submit this form as PDF to** [**irb3@calstatela.edu**](mailto:irb3@calstatela.edu)**.**  **If you selected no, please continue to question II.** | | | |
| **II. The primary purpose of the project is to improve the process or established program using accepted quality standards. There are no plans to answer a research question, prove or disprove a hypothesis, or generate data for research purposes.**  Y N  **If you selected yes, stop here; sign and submit this form as PDF to** [**irb3@calstatela.edu**](mailto:irb3@calstatela.edu)**.**  **If you selected no, please continue to question III.** | | | |
| **III. Select all that apply.**  **I want to interview, survey, systematically observe, or collect data from human subjects.**  **I want to access data about specific persons that have already been collected by other researchers.**  **The activities that I am planning will result in a publication of any kind (thesis, culminating project, presentation at a professional conference/meeting).** | | | |
| If you only selected YES to question II, submit this form as a PDF to [irb3@calstatela.edu](mailto:irb3@calstatela.edu) for a determination.  If you only selected ONE option in question III, submit this form as a PDF to [irb3@calstatela.edu](mailto:irb3@calstatela.edu) for a determination.  If you selected any TWO options in question III, do not submit this form and submit a Cal State LA IRB Application (<https://www.calstatela.edu/orsca/irb-submission-process>). | | | |
| Principal Investigator Signature: | | | Date: |
| Co-Investigator Signature, if applicable: | | | Date: |