



Columbia College

Form S-1 Student Research

UPON COMPLETION PLEASE RETURN TO THE PROVOST/IRB CHAIR

Student Investigator _____ Columbia College ID No. _____

Project Title _____

Approved By:

Student Date Faculty/Staff Advisor Date

Division Head Date Provost/IRB Chair Date

DIRECTIONS: Submit this form to your faculty/staff advisor for review. Once reviewed and approved by the student and faculty/staff advisor the form should be submitted to the Division Head, and thereafter the Provost/IRB Chair for administrative approval.

1. Please state the hypothesis or research question for this project:

2. Please state the purpose for the project:

3. Please list the research tool(s) to be used in conducting this project:

4. Please attach a copy of the Informed Consent Form to be used for this project.