Research Proposal Application

*The West Virginia Higher Education Policy Commission (Commission) has developed a process whereby external researchers may request extant data from Commission to conduct research and program evaluation studies germane to postsecondary education.*

*All individuals or organizations requesting access to these data must complete this Research Proposal Application and submit it to the Commission’s Division of Policy and Planning. If the project is approved and the data requested are available, a Data Disclosure Agreement will be developed and must be signed prior to the release of any potentially identifiable student data. Please complete each section of the application fully. If any fields are left blank, the application will not be considered.*

# Section I. Your Contact Information

|  |  |
| --- | --- |
| **Name of Principal Investigator or Requestor:** |  |
| **Organization (If applicable):** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **Today’s Date:** |  |

# Section II. Additional Investigators

1. *List the names, contact information, and role of any additional investigators participating in the research that will have access to the data requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Research role*** | | | |
| *Co-Researcher* | *Professional/Technical Staff* | *Support Staff* | *Other – Explain* |
| *Name* |  | *Email* |  |
| ***Research role*** | | | |
| *Co-Researcher* | *Professional/Technical Staff* | *Support Staff* | *Other – Explain* |
| *Name* |  | *Email* |  |
| ***Research role*** | | | |
| *Co-Researcher* | *Professional/Technical Staff* | *Support Staff* | *Other – Explain* |
| *Name* |  | *Email* |  |

# Section III. Data Privacy and Limitations

1. *The Family Educational Rights and Privacy Act (FERPA) permits an educational agency or institution to disclose information containing personally identifiable information (PII) as long as the disclosure meets one or more of the conditions prescribed in 20 U.S.C. § 1232g(b) and (h) – (j) and 34 CFR § 99.31. The Privacy Technical Assistance Center has created a high-level document detailing these exceptions. Please review the exceptions in the link below prior to submitting an application.*

***Please note that some data is governed by additional data privacy and protection laws such as the Higher Education Act of 1965 (HEA), the Gramm-Leach-Bliley Act (GLB), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Commission may or may not be permitted to disclose these data.***

[*https://studentprivacy.ed.gov/sites/default/files/resource\_document/file/FERPA%20Exceptions\_HANDOUT\_horizontal\_0.pdf*](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20Exceptions_HANDOUT_horizontal_0.pdf)

*Provide a clear description of how your project fits into the FERPA permitted exceptions.*

|  |
| --- |
|  |

# Section IV. Background Information About Your Project

1. *What is the title of your study?*

|  |
| --- |
|  |

1. *Provide a brief overview of the objectives of your study (please summarize each objective succinctly).If you have hypotheses you will be testing, please list them here.*

|  |
| --- |
|  |

1. *When do you anticipate beginning and completing your research project?*

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Start Date:** |  | **Project End Date:** |  |

1. *If your study is externally funded (e.g., foundation, government contract, or grant), please indicate the source(s) and amount(s) of the funding.*

|  |
| --- |
|  |

# Section V. Purpose of the Proposed Research

1. *Why is the study being conducted?*

|  |
| --- |
|  |

1. *What potential benefits will this study have for Commission, state postsecondary institutions, educators, policy makers, or researchers?*

|  |
| --- |
|  |

1. *What are the anticipated benefits of the proposed study to West Virginia students?*

|  |
| --- |
|  |

# Section VI. Research Questions and Design

1. *Please list your research/evaluation questions below.*

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |

1. *Describe the design of the proposed study and the method that will be used to address each of the aforementioned research questions. Use enough detail to ensure that Commission can assess the extent to which your proposed research project will meet the objectives you have provided in Section II of this application. Describe the population to be studied, data collection, analysis, and interpretation procedures to be used. Use as much space as necessary. You may also include attachments if relevant.*

|  |
| --- |
|  |

# Section VII. Data Requested

1. *To the best of your ability, please list the data elements you are requesting in order to complete the proposed research project. Complete lists of existing data elements and their descriptions are available on the Commission website under File Specifications at:* <http://www.wvhepc.edu/resources/file-specifications/>.  *For each data element, please also list the unit(s) of analysis for your research (e.g., student, course, institution, etc.) and the academic year(s) and semester(s) for which you are requesting information. Summer is treated as the first term in an academic year. Each requested data element must be linked to at least one of the research/evaluation questions listed in Section VI of this document.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element** | **Unit(s) of Analysis** | **Academic Year(s) and Semester(s) Requested** | **Research Question Number (see Section VI)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# *What institutional sectors will be included in your research?*

*All Public Institutions*

*Public 2-year Institutions*

*Public 4-year Institutions*

*Other (specify below)*

|  |
| --- |
|  |

# Section VIII. Proposed Data Collection Instruments/Protocols

1. *If you intend to deploy additional data collection instruments/protocols as part of your research/evaluation project, please list them below including the audience from whom you intend to collect this information. Draft versions of these data collection instruments, if available, must be attached to this application.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Data Collection Instruments/Protocols** | | | |
|  | **Instrument/Protocol** | **Audience** | **Notes** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

# Section IV. Human Subjects Protection

1. *How will Institutional Review Board (IRB) approval be addressed in the proposed research/evaluation study? If your project has already been approved by an IRB or if an IRB has designated your project to be “exempt,” please provide evidence of the IRB’s review. If approval has not be given, the Commission reserves the right to request evidence of the review at a later time. If you do not plan to conduct an IRB review, please indicate why this project does not meet the definition of “research.”*

|  |
| --- |
|  |

1. *Describe training the study investigators/co-investigators have received regarding the protection of human subjects/confidentiality.*

|  |
| --- |
|  |

1. *Describe the proposed security procedures that will be utilized to protect the security of the information loaned by the Commission for this project. Where will the data be stored? Who will have access? How will information be stored and for what period of time? Describe encryption plans. When and how will data be destroyed?*

*Please note the Commission may require additional security measures depending on the type of data being loaned.*

|  |
| --- |
|  |

# Section X. Reporting

1. *For each anticipated report, provide the following information.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Title**  **(e.g., Year 1 report, Final Report)** | **Audience** | **Anticipated**  **Completion Date** | **Dissemination**  **Plans** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please submit your completed application to:

**Pamela Woods**

Statewide Longitudinal Education Database (SLED) Project Manager | Privacy Officer

*1018 Kanawha Blvd. E.*

*Suite 700*

*Charleston, WV 25301*

*p. 304.558.1112 x210*

*f. 304.558.4820*

[pamela.woods@wvhepc.edu](mailto:pamela.woods@wvhepc.edu)

*FOR HEPC USE ONLY*

|  |  |  |
| --- | --- | --- |
| *Proposal No.* |  | |
| *Reviewer Name* |  | |
| *Review Date* |  | |
| *Approval Status* | *YES* | *NO* |
| *Signature* |  | |