

Student Research Approvals Form
Institutional Approvals, Data Handling, and Publication Plan

This document is used to request approval for use of data, document how data will be used and the student's plan for publication.

Section 1: Institutional Approvals

Students should review the flowchart on the [CPHS Guide and Instructions](#) to help determine the type of request to submit.

- Students who believe the data they are using qualifies for an exemption from CPHS review should complete **Section 1a. Requesting an exemption from CPHS review.**
- Students requesting to either be added or to use de-identified data from an investigator's approved protocol should complete **Section 1b. Requests requiring review by SPH Office of Student Research.**
- Student's requests that require review and approval by CPHS or another review board (AWC, IBC, etc.) should complete **Section 1c. Requests requiring review by CPHS.**

Section 1a. Requesting an exemption from CPHS review.

My research involves only: _____

Please describe your data source below. Attach supporting documentation as needed (for example: a copy of email correspondence from CPHS, etc.)

Section 1b. Requests requiring review by SPH Office of Student Research.

*Please indicate the type of request being submitted: _____

Primary Investigator (PI): _____

HSC#: HSC- _____ - _____ - _____

Project title: _____

Submission date: _____ Approval date: _____

Section 1c. Requests requiring review by CPHS.

*Please indicate the type of request being submitted: _____

*Please indicate the appropriate reviewing body: _____

Primary Investigator (PI): _____

HSC#: HSC- _____ - _____ - _____

Project title: _____

Submission date: _____ Approval date: _____

Section 2: Data Handling Procedures

Students should discuss the following items with their research committee. Indicate “Not Applicable” if you will not be using existing data.

2a. Please list the beginning and end dates for the data set(s) that you will use. If more than one, list all.

2b. Were data/samples originally collected under the oversight of an Institutional Review Board (IRB)? _____

2c. Will personal identifiers or protected health information (PHI) be provided to the student? _____

If yes, which personal identifiers or PHI will be used or transcribed for your thesis or dissertation project? CPHS prefers that you avoid using identifiers, but if you feel you must use identifiers, please provide an explanation.

2d. Explain how you will maintain security of the data/samples used for the thesis or dissertation.

Section 3: Publication Plan

Please respond to the following questions regarding the publication of your research using data.

3a. Do you plan to publish results of your thesis or dissertation? _____

If yes, please also respond to the following questions:

3b. Please describe your publication plan.

3c. If co-authorship is appropriate, how will the order of authors be determined? (Pay special attention to first and senior author positions, and the names for the journal(s) to which you intend to submit your papers.)

3d. What is the expected timeframe for the publication of results?

3e. If the student or faculty member cannot publish the results within the above timeframe, what alternative plans will be made for publication?

Committee Approvals

We, the undersigned, have discussed all points above and understand all responses made on this document. This information is to be used as a planning tool only, and is not intended as a binding agreement. Subsequent changes to this understanding will be discussed as needed.

<i>Student, Printed</i>	<i>Student, Signature</i>	<i>Date</i>
<i>Faculty Advisor/ Committee Chair, Printed</i>	<i>Faculty Advisor/ Committee Chair, Signature</i>	<i>Date</i>
<i>Thesis/ Dissertation Supervisor, Printed (if different than Faculty Advisor/Committee Chair)</i>	<i>Thesis/ Dissertation Supervisor, Signature (if different than Faculty Advisor/Committee Chair)</i>	<i>Date</i>

Next Steps:

This completed form should be submitted along with any other necessary documentation mentioned in the [CPHS Guide and Instructions](#) for review and approval.

- Students who are requesting an exemption (Section 1a) or students who are requesting to be added to or use de-identified data from an investigator’s protocol (Section 1b) will submit this form along with any other necessary documentation to SPH Office of Student Research at SPHStudentResearch@uth.tmc.edu. Once the review has been completed and approval has been granted, the Office of Student Research will sign off on the section below and provide a signed copy to the student.
- Students who are requesting to be added or use identifying data from an investigator’s protocol, or conduct their own research (Section 1c) will submit this form to CPHS (or other reviewing body as necessary) for review. Once students have received approval from CPHS, they will submit this document, the approval from CPHS and any other required documentation as mentioned in the [CPHS Guide and Instructions](#) to SPH Office of Student Research at SPHStudentResearch@uth.tmc.edu. Once the review has been completed and approval has been granted, the Office of Student Research will sign off on the section below and provide a signed copy to the student.

School of Public Health, Office of Student Research Approval

The signature below indicates that the student’s request has been approved and they may proceed with their intended research plan.

_____ Student Plan Code: _____
Office of Academic Affairs Representative Date: