

Commonwealth of Pennsylvania



Pennsylvania Board of Probation and Parole (PBPP)

REQUEST FOR APPROVAL OF RESEARCH PROPOSAL

I. RESEARCH DIRECTOR / PRINCIPAL INVESTIGATOR

Name:			
Status (check applicable item):	PBPP <input type="checkbox"/>	Other PA Agencies <input type="checkbox"/>	External Organization <input type="checkbox"/>
Bureau/Agency or Organization:			
Phone:		E-mail:	
Address:			
Project Name:			

Research Request type (see PBPP Policy, Approval and Conduct of Research Activities):

Request for Data Only Request to Conduct Individual Research Activities

II. Is this research request to satisfy an academic requirement (e.g., master thesis, doctoral dissertation, etc.)?

Yes No

If YES, please provide the following information regarding your research advisor:

Name:			
Title:			
School:			
Phone:		E-mail:	
Address:			

Did this research proposal receive approval from your Institutional Review Board?

Yes No

If YES, please provide a copy along with this request.

Project Costs: Outline the costs/resources required to successfully conduct the proposed project, especially noting costs to PBPP.

Project Timeline: Provide pertinent information necessary to adequately describe the project timetable; **allow up to sixty (60) days for RRC decision-making.**

Expected Outcomes: Discuss the expected outcomes from your study, and how and by whom this research will be used; explain any anticipated benefits of the research to PBPP.

POLICY COMPLIANCE AGREEMENT

APPROVALS -- For the Researcher:

I have reviewed the PBPP Policy, *Approval and Conduct of Research Activities* and agree to abide by the policies in the document in conducting the proposed research project and in distributing the findings. I also agree to comply with any conditions imposed by the Research Review Committee and all Commonwealth policies pertinent to conducting the proposed research.

Name:

Signature:

Date:

For the Research Advisor -- Student Submissions ONLY:

I have reviewed the directive governing research activities in PBPP. My signature below indicates that I have reviewed my student's research proposal and agree it meets all requirements as stated by the PBPP and stands as a quality research proposal representative of this college/university.

Name:

Signature:

Date:

For PBPP Office Director -- PBPP Employees ONLY:

I have reviewed this proposal and approve this research study.

Name:

Signature:

Date:
