**Guam Community College**

**Office of Assessment, Institutional Effectiveness & Research**

**Research Participation Request Form**

**(Form AIER\_RPR)**

**Name:** Click here to enter text. **Date:** Click here to enter text.

**Institution/Department:** Click here to enter text.

Please follow the format below in submitting your proposal. **The two-page summary should follow this format:**

1. Name, address, telephone number, and affiliation of person submitting the proposal.
2. Title of proposed research.
3. Statement of purpose (the questions you are proposing to answer with the study).
4. Design and implementation:
   1. Statement of problem.
   2. What hypotheses are to be tested?
   3. What are the dependent variables? Independent variables?
   4. How are the variables to be measured?
   5. What is the sampling plan?
   6. What is the research design?
   7. Describe the data collection procedure.
   8. How will results be gathered and analyzed?
   9. What other related research has been done in this field?
5. If any non-standardized instrument is to be used, please attach a sample of it with the request. If the instrument(s) is standardized, please describe them.
6. If direct involvement of students will be required, please list any restrictions or qualifications relative to type of students needed.
7. If direct involvement of GCC employees is required, define employees, amount of time they are to be involved, extent of involvement, and any other information helpful to understanding the approach.
8. A statement detailing how the results of the study could be valuable to GCC.

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**(Signature) Requestor (Signature) Assistant Director/Dean**

**(AIER OFFICE USE ONLY)**

**\_\_Recommended \_\_Research Participation Approved \_\_Research Participation Approved**

**\_\_Not Recommended \_\_Research Participation Disapproved \_\_Research Participation Disapproved**

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**Institutional Researcher, AIER Assistant Director, AIER Research Review Team**

**COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note: Once all signatures are completed, a copy of this form should be forwarded to the AVP Office and President’s Office.***