

Faculty Researcher

**HUMAN SUBJECTS PROTOCOL APPROVAL FORM
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE**

1. Title of Research: Campus Climate Survey on Sexual Violence Prevention
2. Principal Investigator: Jerald G. Schutte
3. Department: Sociology Campus Ext: x4049
Email: jgschutte@csun.edu Mobile: 818-262-1400
4. Co-Investigators: Name and University (if applicable):
1. _____ ☐ Student ☐ Faculty
2. _____ ☐ Student ☐ Faculty
5. Recruitment/Data Collection Start Date: 03/30/15 End Date: 04/19/15
6. Check one: ☒ Unfunded ☐ Funded
Name of Funding Source: _____ Submission Date: _____
7. History of Protocol: ☒ New ☐ Continuing (Previous Approval Date _____)
8. Existing Data: Will this study involve the use of existing data or specimens? ☐ YES ☒ NO
If Yes, attach documentation indicating the authorization to access the data if not publicly available and if accessing from an agency outside of CSUN.
9. **Subjects to be recruited** (check all that apply): specify in Section 2.
a. ☐ Adults (18+ years) d. ☒ CSUN students
b. ☐ Minors, specify age: _____ e. ☐ Other, specify: _____
c. ☐ Cognitively or emotionally impaired f. ☐ Existing data
10. **Data will include** (check all that apply): specify all checked items in the Project Information Form.
a. ☐ Names of people f. ☒ Gender k. ☐ Job title
b. ☐ Email address g. ☒ Ethnicity l. ☐ Names/types of employers
c. ☐ Street address h. ☐ Marital status m. ☐ Physical health report
d. ☐ Phone numbers i. ☐ Income n. ☐ Other, specify: _____
e. ☐ Age j. ☐ Social security
11. Will subjects be identified by a coding system (i.e., other than by name)? ☐ YES ☒ NO
12. Is compensation offered? ☐ YES ☒ NO
If yes, describe (e.g., gift cert., cash, research credit): _____
13. Projected number of subjects: All CSUN (41,000)
14. Method of recruiting subjects (elaborate in Section 2): Survey is online; Subject are recruited via email
15. Will there be any deception (not telling subjects exactly what is being tested)? ☐ YES ☒ NO
Provide justification for deception and explain how subjects are debriefed in Section 2.
16. Potential Risk Exposure: ☐ Physical ☒ Psychological ☐ Economic ☐ Legal ☐ Social
☐ Other, specify: Little Psychological Risk *Risk must be specified and elaborated in Section 4.*

17. **Data Collection Instruments** (check all that apply) 18. **Recorded by** (check all that apply)

- a. ☐ Standardized tests
b. ☒ Questionnaire
c. ☐ Interview
d. ☐ Existing data
e. ☐ Other, specify: _____

- a. ☐ Written notes
b. ☐ Audio tape
c. ☐ Video tape/film
d. ☐ Photography
e. ☐ Observation
f. ☐ Existing data

19. **Administered by** (check all that apply)

- a. ☐ In person (group/individual)
b. ☐ Telephone
c. ☐ Text message
d. ☒ Email/website
e. ☐ Mail
f. ☐ Existing data
g. ☐ Other, specify: _____

20. **Findings used for** (check all that apply)

- a. ☐ Publication/presentation
b. ☒ Evaluation
c. ☐ Needs assessment
d. ☐ Thesis/dissertation
e. ☒ Other, specify: Legal reporting

21. Are drugs or radioactive materials used in this study? ☐ YES ☒ NO

If yes, list the drugs or radioactive materials used in Section 1 and provide a detailed description of each, with justification for its use.

22. Are any medical devices or other equipment to be used in this study? ☐ YES ☒ NO

If yes, describe in detail the medical devices or equipment to be used in Section 2.

23. Did you attach a copy of any questionnaire(s), survey instrument(s) and/or interview schedule(s) referred to in this protocol? ☒ YES ☐ NO

24. Is a letter of permission for subject recruitment attached (if recruiting from an agency outside of CSUN)? ☐ YES ☐ NO ☒ N/A

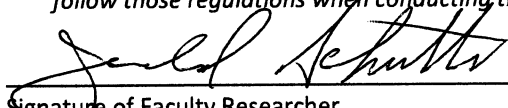
25. Does your research require international travel? ☐ YES ☒ NO

If yes, your travel must be approved by the Office of Insurance and Risk Management. Please visit <http://www-admn.csun.edu/risk/> for procedures and guidelines.

26. **SIGNATURE:**

Your signature on this Protocol Approval Form indicates that:

You are familiar with the regulations for human subject research as defined by California State University, Northridge's Standing Advisory Committee for the Protection of Human Subjects (SACPHS) and you intend to follow those regulations when conducting this study.

 3-23-15

Signature of Faculty Researcher Date

FOR SACPHS AND RESEARCH OFFICE USE ONLY

☐ Noted, Exempt ☐ Approved, Minimal Risk ☐ Approved, Greater than Minimal Risk ☐ Approved, Expedited Review

Chair, SACPHS

Date

Expedited Reviewer(s):