

TUSCULUM COLLEGE
Professional Studies
Research Proposal
Ethics in Research Agreement

Name: _____ Date: _____
Student Identification No. _____ Class: _____

Title of Research Project: _____

Description of Participants: _____

Statement of Intended Use of Results: _____

In 1981 the American Psychological Association's Committee on Scientific and Professional Ethics and Conduct published a series of guidelines researchers should address in order to protect research participants from harm. In accordance with these established guidelines we ask our degree seeking students who utilize human subjects for their research project to please indicate with their signature that they have read and comply with the statements below.

- ⇒ To the best of my ability, I have determined that no physical or psychological harm will come to anyone as the result of my research.
- ⇒ Participants in my study will not be deceived or coerced with leading statements or false information.
- ⇒ Products of my study will be kept in the strictest confidence.
- ⇒ Participation in my study will be strictly voluntary.
- ⇒ I am aware that any form of compensation for participation does not affect the application of these ethical principles.
- ⇒ If my participants are children, I will obtain the informed consent of the children's parents or legal guardians for their participation in the study.
- ⇒ If my participants are children, I will not represent myself as a diagnostician or counselor in reporting or interpreting study results to parents or others.
- ⇒ I will not coerce subjects into participation.
- ⇒ I will not release information which identifies responses given by individuals.

I have read and agree to comply with these established guidelines and the Tusculum College Research Handbook in the formulation of my research questions, the preparation of my project, and the reporting of my research findings to the College, including release of the report and abstract into the public domain.

Student Signature

Date

OFFICE USE ONLY

Instructor Approval: (required for all projects)

Authorized Signature

Date

Workplace / Supervisor Approval:

Authorized Signature

Date

Comments: _____
