

Default Question Block

**Long Beach City Coll g
Ext rn I R s rch R qu st Applic tion**

First name

Last name

Project title

Anticipated project start date

Anticipated completion date

What requirement does this research project fulfill?

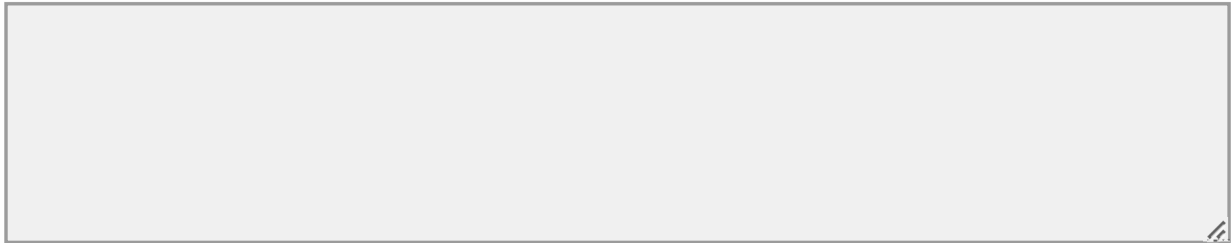
Are you in an LBCC supported program (e.g. are you a part of a cohort with other District employees)

Have you relied on your project with any District personnel?

Select if Yes or No

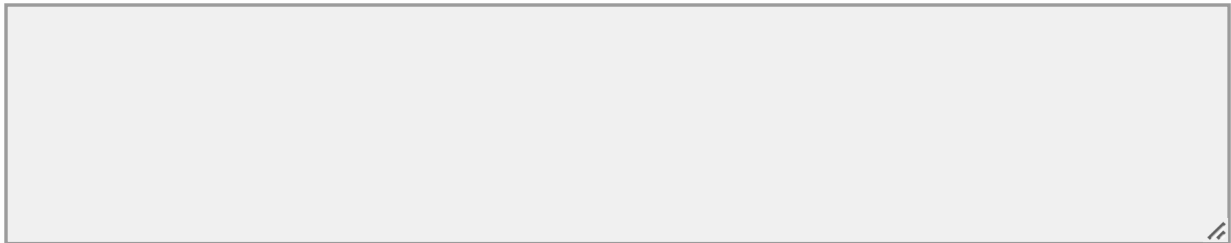
Please provide a brief description of your research project (remember that your submitted IRB application provides more detail to the review team and this is intended to be a high-level summary to facilitate review of the IRB application).

(15 word limit)



Why did you select LBCC for your research project?

(15 word limit)



Is there anything else you would like to add?

