

**REQUEST FOR APPROVAL OF RESEARCH, DEMONSTRATION OR**

**RELATED ACTIVITIES INVOLVING HUMAN SUBJECTS**

***All material must be typed. Underlines may be omitted. Use additional space as necessary.***

PROJECT TITLE:

CERTIFICATION STATEMENT:

In making **this application**, I (we) certify that I (we) have read and understand the College’s policies and procedures governing research, development, and related activities involving human subjects. I (we) shall comply with the letter and spirit of those policies. I (we) further acknowledge my (our) obligation to (1) obtain written approval of significant deviations from the originally-approved protocol BEFORE making those deviations, and (2) report immediately all adverse effects of the study to the Director of the Institutional Review Board.

NAME OF RESEARCHER(S) OR PROJECT DIRECTOR(S):

SIGNATURE(S) OF RESEARCHER(S) OR PROJECT DIRECTOR(S):

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DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature indicates that I have reviewed the attached materials and consider them to meet IRB standards.

RESEARCHER’S ADVISOR OR DEPARTMENTAL SUPERVISOR:

SIGNATURE OF RESEARCHER’S ADVISOR OR DEPARTMENTAL SUPERVISOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTITUTIONAL REVIEW BOARD ACTION**

The request for approval submitted by the above researcher(s) was considered by the IRB for Research Involving Human Subjects Research at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_meeting.

The application was \_\_\_\_\_approved/ \_\_\_ not approved by the Committee (or Chair, if expedited).

Special conditions \_\_\_\_were/\_\_\_\_were not set by the IRB. (Any special conditions must be described below.)

NAME OF CHAIR, INSTITUTIONAL REVIEW BOARD FOR HUMAN SUBJECTS RESEARCH:

SIGNATURE OF CHAIR, IRB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_