IRB Protocol No	_
To be completed by the IRR Admin	



## **INSTITUTIONAL REVIEW BOARD**

## REVIEW REQUEST FOR PROJECTS USING HUMAN SUBJECTS

Faculty/Staff Application

**Student Application** 

A. GENERAL INFORMAT	ΓΙΟΝ	For addition	nal co-investigat	ors attach "Ad	ditional Investiga	tors Information Sheet"	
Project/Study Title:							
Principal Inves	stigator	Mana					
Faculty Adviso	or	Name:					
Department,	/Division:						
Email:							
	Phone:						
Co-Investigator Student Researcher		Name:					
		Name.					
Grad Und	dergrad	Dept:					
Anticipated Graduation Date:		Email:					
		Phone:					
Co-Investigator		Name:					
Student Researcher							
Grad Und	dergrad	Dept:					
Anticipated Graduation Date:		Email:					
		Phone:					
Researchers from other Universities or Institutions Engaged in Human Subjects Research Include Institution, Researcher Name(s), and Contact Info:							
Collaborator 1.							
Collaborator 2.							
Approved by collaborator's IRB? Yes No					0	In Process	
Please submit a copy of collaborator's IRB approval letter when available.							