

**PRESENTATION COLLEGE INSTITUTIONAL REVIEW BOARD**  
**Application for Review of Human Subjects Research**

Title of Research Project: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Type of Review Requested:  Classroom Research  Exempt  
 Expedited  Full Board

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**COURSE INFORMATION:**

Is this research project part of an assignment for a PC course?  Yes  No

If yes, enter course name and number: \_\_\_\_\_

If no, name of originating institution: \_\_\_\_\_

Course Instructor Name: \_\_\_\_\_ Assignment Due Date: \_\_\_\_\_

Course Instructor's Address: \_\_\_\_\_

Course Instructor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing below, Course Instructor agrees to provide the proper surveillance of this research project to ensure the rights and welfare of the human subjects are properly protected.***

\_\_\_\_\_  
Signature of Course Instructor Date

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**PROJECT FUNDING INFORMATION:**

Is the Project externally funded?  Yes  No

If yes, is funding:  Private  State  Federal

Agency: \_\_\_\_\_ Grant No.: \_\_\_\_\_

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**PRINCIPAL INVESTIGATOR INFORMATION:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing below, principal investigator acknowledges the information provided in this application represents an accurate and complete description of the proposed research project.***

\_\_\_\_\_  
Signature of Principal Investigator Date

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**CO-INVESTIGATOR #1 INFORMATION:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing below, co-investigator acknowledges the information provided in this application represents an accurate and complete description of the proposed research project.***

\_\_\_\_\_  
Signature of Co-Investigator

\_\_\_\_\_  
Date

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**CO-INVESTIGATOR #2 INFORMATION:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing below, co-investigator acknowledges the information provided in this application represents an accurate and complete description of the proposed research project.***

\_\_\_\_\_  
Signature of Co-Investigator

\_\_\_\_\_  
Date

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**CO-INVESTIGATOR #3 INFORMATION:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing below, co-investigator acknowledges the information provided in this application represents an accurate and complete description of the proposed research project.***

\_\_\_\_\_  
Signature of Co-Investigator

\_\_\_\_\_  
Date

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## INFORMATION ABOUT YOUR RESEARCH PROJECT

If you require additional space to answer a question below, please attach a separate sheet with the application.

If you are submitting your information electronically using Adobe, please select the "Comments" button, then click on the "paper clip" icon to attach a file to your application.

**Please identify which question each attachment addresses in the file name.**

1. Describe the background and purpose of the research project.

2. A. Describe the participants of this study:

1. Describe the sampling procedures.

2. Will a survey be used?      \_\_\_ Yes      \_\_\_ No

3. If a survey is to be used, please provide/attach a copy.

4. Number of participants expected to participate. \_\_\_\_\_

5. Describe the sampling population.

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**INFORMATION ABOUT YOUR RESEARCH PROJECT continued**

6. Describe how participants will be solicited.

7. How long will the participants be involved?

8. Provide the time frame for gathering the data using human participants.

9. Describe any follow-up procedures (if applicable).

10. Describe any concerns or anticipated risks.

2. B. Are any participants under 18 years of age?  Yes  No  
If yes, you must comply with special regulations for using children as participants.

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**INFORMATION ABOUT YOUR RESEARCH PROJECT continued**

3. Describe each proposed condition, intervention, or manipulation of human participants or their environments. Include a copy of any questionnaires, test, or other written instruments, instructions, scripts, etc., to be used within the study.

4. Will the participants encounter the possibility of stress or psychological, social, physical, or legal risks greater than those encountered in their daily life?

Yes       No

If yes, please explain:

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**INFORMATION ABOUT YOUR RESEARCH PROJECT continued**

5. Will medical clearance be necessary for participants to participate because of physical exercise, tissue/blood sampling, or administering of food, beverages, or drugs?

Yes       No

If yes, please explain how clearance will be obtained.

6. Will there be requests for information participants might consider to be personal or sensitive or be presented with material that might be considered to be degrading or threatening?

Yes       No

If yes, please explain.

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**INFORMATION ABOUT YOUR RESEARCH PROJECT continued**

7. Will a written consent form (and assent form for minors) be used?

Yes       No

If yes, please attach a copy of the form(s).

If no, a waiver of written consent must be obtained. Explain in detail why a written consent form will not be used and how voluntary participation will be obtained. Include any related material you will use to inform participants of all the elements that are required in a written consent.

8. Will any aspect of the data be made a part of any record that can be identified with the subject?

Yes       No

If yes, please explain.

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**INFORMATION ABOUT YOUR RESEARCH PROJECT continued**

9. Describe the steps you are taking to protect the confidentiality of the participants and how you are going to advise participants of these protections.

10. Will the participant's participation in a specific experiment or study be made a part of any record available to an employer, teacher, advisor, or other outside agency?

Yes       No

If yes, please describe.



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**INSTITUTIONAL REVIEW BOARD RECOMMENDATION**

\_\_\_ Classroom Research

\_\_\_ Approved

\_\_\_ Disapproved

\_\_\_ Return for revision/clarification

\_\_\_ Exempt Review

\_\_\_ Approved

\_\_\_ Disapproved

\_\_\_ Return for revision/clarification

\_\_\_ Expedited Review

\_\_\_ Approved

\_\_\_ Disapproved

\_\_\_ Return for revision/clarification

\_\_\_ Full Board Review

\_\_\_ Approved

\_\_\_ Disapproved

\_\_\_ Return for revision/clarification

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Signature of IRB Chair

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Date