REQUEST FOR REVIEW BY THE
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS

(Submit eleven (11) copies of both pages of this form)

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Project Title
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Submitted by

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Department
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Anticipated dates for project

1. Who are the subjects involved in the research? How will their voluntary participation be obtained?

2. How will the informed consent be obtained from the students? Attach a copy of the consent form if one will be used. If no informed consent will be obtained, explain why.

3. How will the subjects’ right to privacy and safety be protected?

4. Describe the study’s purpose, design, and procedures.

5. Name and describe any tests, questionnaires, opinionnaires, surveys, etc. that will be used. Attach copies if these are newly developed or not in common use. What risk, if any, is involved in their use?

6. Describe any physical procedures that will be used. What risk, if any, is involved in their use?

7. Describe any equipment, special apparatus, drug, or pharmaceutical that will be used in the study. What risk, if any, is involved in its use?
8. In your own judgment, what is the level of risk to human subjects? Give reasons.

Reasons:

______________________________________   ____________________________

Signature        Date