

**INSTITUTIONAL REVIEW BOARD**

**Exempted Student Project Form**

Students are required to complete this form (section A).
Instructor/professor requiring the class project are asked to approve the project (Section B).

SECTION A: To Be Completed by Student

*Please complete in font Times New Roman 12.*

*Please check that you have completed all the following before submission to the IRB.*

Last Name/s:

First Name/s:

IIRP Student ID/s:

Email:

Telephone/Cell:

NIH Certificate Number:

Date Issued:

IIRP Graduate Course Code: RP

Duration of Course:

Name of Supervisor (Instructor/Professor):

Project Topic:

Targeted Subjects:

Environment/Agency Used:

Process to be Applied:

I HEREBY DECLARE THAT THE ABOVE FACTS ARE CORRECT.

I ACKNOWLEDGE THAT:

(1) I have a current NIH certificate protecting human

 participants (see Appendix B).

(2) I have the responsibility to determine that the study/research

is being or has been conducted.

I will adhere to the Institution’s Research Ethics Policy as it relates to my research.

Signature of Applicant:

Date:

# SECTION B: To be completed by Professor/Lecturer

Full name of professor/lecturer of record:

This research project has been reviewed and complies with the IIRP Graduate School ethical policies and HHS regulations (45CFR46) as documented.

 I approve the proposed project.

Signature of Supervisor/Professor of Record:

Date:

*Revised 5/11/2017*