# **Institutional Review Board Application Cover Sheet**

**Proposal Title: Date:**

Instructions: In compliance with the Texas A&M University System rules and guidelines, student researchers may not be listed as Principal Investigators (PI). Students’ faculty advisors must serve as PIs for their research involving human subjects. Student researchers must be listed as Co-Investigators (CI) and designated as Undergraduate (UG) or Graduate (GR). (Extra space on Page 2.)

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| --- | --- | --- | --- | --- | --- |
| **Researchers** | | **Dept./****College** | **Email Address** | **Mailing Address** | **Phone Numbers** |
| **Role** | **Name** |
| *e.g.* | *Dr. Jane Doe*  *Note: PI* ***cannot*** *be a student* | *Ed/*  *ESS* | *jdoe@.wtamu.edu* | *2901 4th Ave.*  *Canyon, TX 79016* | *O 555.555.5555*  *C 555.555.1111* |
| PI |  |  |  |  |  |
| CI |  |  |  |  |  |
| CI |  |  |  |  |  |
| Student Researcher: | |  |  |  |  |
| CI |  |  |  |  |  |

Funding Source: Sponsoring Organization:

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| **Checklist of Materials Submitted for Review** | **Type of Review Requested** | **Vulnerable Populations Targeted (Due to coercion and undue influence)** (Check only populations targeted in the study) | **Risk Assessment**  (Check all that apply)  Driving Company vehicle  Contact with human materials (e.g., cell lines, tissue, body fluids, blood).  Contact with human waste (e.g., urine, feces). |
| Exempt Claim Form  Expedited Claim Form  Proposal (Sections I-V)  Consent form or waiver  Questionnaire or survey  Other (e.g., recruitment,  scripts, etc.) | Exempt  Limited Review  (May be needed for Exemptions  2, 3, 7, & 8)  Expedited  Full Board | Minors  Prisoners  Individuals with Impaired Decision-Making Capacity  Students  Institutionalized individuals  Incompetent Persons  Minorities  Economically Disadvantaged |

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Primary Investigator Signature

Primary Investigator Typed Name Department Head Name (Signature not required)

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| **Submit proposal to:**  AR-EHS at ar-ehs@wtamu.edu  Killgore Research Center, Room 184  WTAMU Box 60217  Canyon, TX 79016  Proposals may be submitted electronically or hard copy | **For Office Use Only:**  IRB #: |
| Date Proposal Received: |
| Date Forwarded to IRB: |
| Date of IRB Response: |

April 2015

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| **Role** | **Name** | **Dept/ College** | **Email Address** | **Mailing Address** | **Phone Number** |
| *e.g.* | *Dr. Jane Doe*  *Note: PI* ***cannot*** *be a student* | *Ed/*  *ESS* | *jdoe@.wtamu.edu* | *2901 4th Ave.*  *Canyon, TX 79016* | *O 555.555.5555*  *C 555.555.1111* |
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