

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.)

Researchers		Dept./ College	Email Address	Mailing Address	Phone Numbers
Role	Name				
<i>e.g.</i>	<i>Dr. Jane Doe</i> <i>Note: PI cannot be a student</i>	<i>Ed/ ESS</i>	<i>jdoe@wtamu.edu</i>	<i>2901 4th Ave. Canyon, TX 79016</i>	<i>O 555.555.5555 C 555.555.1111</i>
PI					
CI					
CI					
Student Researcher: <input type="radio"/> UG <input type="radio"/> GR					
CI					

Funding Source: _____ **Sponsoring Organization:** _____

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)
Exempt Claim Form	Exempt Limited Review (May be needed for exemptions 2, 3, 7, 8)	Minors	Driving Company vehicle
Expedited Claim Form		Prisoners	
Proposal (Sections I-V)	Expedited	Individuals with Impaired Decision-Making Capacity	Contact with human materials (e.g., cell lines, tissue, body fluids, blood).
Consent form or waiver		Students	
Questionnaire or survey		Institutionalized individuals	
Other (e.g., recruitment, scripts, etc.)	Full Board	Incompetent Persons	Contact with human waste (e.g., urine, feces)
Collaborative Work		Minorities	
		Economically Disadvantaged	

Primary Investigator Signature

Primary Investigator Typed Name

Department Head Name (Signature not required)

<p>Submit proposal to: AR-EHS at ar-ehs@wtamu.edu Killgore Research Center, Room 159 WTAMU Box 60217 Canyon, TX 79016</p> <p>Proposals may be submitted electronically or hard copy</p>	<p>For Office Use Only:</p> <p>IRB #: Date Proposal Received: Date Forwarded to IRB:</p>
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