# **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.eduKillgore Research Center, Room 184WTAMU Box 60217Canyon, TX 79016Proposals 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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