## SMU IRB PROTOCOL #\_

(For committee use only)

## Saint Martin's University Institutional Review Board Application for Approval of Research Involving Human Subjects Cover Sheet

## Submission of this form implies that you have read and understand SMU IRB Policy and Standards.

| Please check one:  | New Project  | Renewal                   |                                 |
|--|--|---------------------------|---------------------------------|
| Date of Submission:  |  |                           |                                 |
| Project Title:   |  |                           |                                 |
| Principal Investigator:  | ator: Print Name:  |                           |                                 |
|  | Signature:   |                           |                                 |
|  | Division or School:  |                           |                                 |
|  | Telephone Number:  | email ad                  | dress:                          |
| Co-Investigator  | Print Name:  |                           |                                 |
|  | Signature:   |                           |                                 |
| Co-Investigator  | or Print Name:   |                           |                                 |
|  | Signature:   |                           |                                 |
| Faculty Advisor's Statem   | ent (student projects                                      |                           | am the advisor                  |
| for  | My signature below indicates that I have read the attached |                           |                                 |
| protocol and have checke   |  |                           |                                 |
| Prin   | t Name:  |                           |                                 |
| Sign   | ature:   |                           |                                 |
|  |  |                           |                                 |
| Source of Support (if any  |  |                           |                                 |
|  | Subjects:]   | HighModerate              | MinimalNone                     |
| Number of subjects:  |  |                           |                                 |
| Are special populations involved?*YesNo<br>* Special populations are children under 18 years old, prisoners, pregnant women, individuals who are mentally or |  |                           |                                 |
| * Special populations are child<br>psychologically ill or incompe  |  | risoners, pregnant women, | individuals who are mentally or |
| Has this proposal been or<br>department committees, o<br>Yes (attach<br>No   |  |                           |                                 |
|  |  | d by the IRB Cha          | ir                              |
| This proposal qualifies for:Exempt Review  |  |                           |                                 |
| Expedited Review   |  |                           |                                 |
|  | Full Boa   | rd Review                 |                                 |
| Date:  |  |                           |                                 |

Signature of IRB Chair