

Cover Page

Principal Investigator(s) [PI]:

Name: _____

Title: _____

Phone: _____

Email: _____

Co-investigator(s)

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Faculty Sponsor Signature required (as applicable for students):

Name

Email

Academic Department: _____

Home Campus: _____

PROPOSAL TITLE: _____

RESEARCH QUESTION/S: _____

Is there outstanding funding for the proposed research? If so, please indicate the source:

NOTE: This proposal approval will expire one year from date listed below. PIs must apply to the Chair for an extension two months prior to the expiration date. ***If any adverse/unexpected issues occur at any time during approved research, the PI is required to send this information to this IRB immediately or as soon as feasible.***

Approved _____ Not Approved _____

Chair-Signature _____ Date _____

IRB Approval #: _____ Approval Expiration Date: _____