

Calvin College Institutional Review Board

Proposal Cover Sheet**PROJECT CATEGORY:**☐ New☐ Renewal IRB # _____ Funding Agency (if applicable): _____**Investigator:** _____**Credentials:** ☐ Masters Degree ☐ Doctorate/Terminal Degree**Department:** _____**Phone:** _____ **Fax:** _____ **E-mail:** _____**Project title:** _____

Co-Investigators (if class project, leave blank):

1. _____

2. _____

Institutional Affiliation (if other than Calvin College):

PROJECT TIMELINE:

Start date: _____ End date: _____

Project Category:☐ **Student Research Project**

Course number and name: _____

Professor and Department: _____

☐ **Class Research Project** (faculty only)

Course number and name: _____

In making this application, I certify that I have read and understand Calvin College policies and procedures governing human subject research and agree to abide by them. I certify that the attached information accurately describes the proposed research project. I further certify that this project involves no conflict of interest.

Date: _____

Principal Investigator

Date: _____

Co-investigator

Date: _____

Co-investigator

Date: _____

Co-investigator

Date: _____

Department Chair/Dean/Director

IF THIS IS A STUDENT RESEARCH PROJECT:

I have read the attached information. In my opinion, it accurately describes the research, and that research will comply with Calvin College policies and procedures governing human subject research. I accept responsibility for supervising the student's conduct of the research.

Faculty Name

Date

For IRB use only:

- ☐ Exempted, no further review needed unless protocol changes
- ☐ Approved as Specific Project
- ☐ Approved as Grant Proposal. Specific project approval needed prior to data collection
- ☐ Approved with special conditions, see attachment
- ☐ Not approved

Institutional Review Board Member Signature

Institutional Review Board Member Print Name

Date: _____

IRB Approval of this project expires: _____