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.

________________________________________
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: _____________________