



For Official Use Only
Protocol Log # _____ -- _____

Applicant Information

Principal Investigator:		Co-Investigator(s):	
Department:		Faculty Sponsor:	
Address: <i>Street (including Apt/Unit #)</i>			
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone: ()		E-mail:	
Title of Project:			
New application <input type="checkbox"/>		Renewal ⁺ <input type="checkbox"/>	
		*Previous proposal number?	
Master's Thesis?		YES* <input type="checkbox"/>	NO <input type="checkbox"/>
		*UIRB will forward a copy of the approval letter to The Graduate School	
Sponsored project?		YES** <input type="checkbox"/>	NO <input type="checkbox"/>
		**Source of funds:	

Protocol Summary

Brief Summary:

Purpose (including benefits and assessment of reasonable foreseeable risks or discomforts to the subjects):

Description of the research activity (including subject selection/exclusion, design, and procedures):

Justification of EXEMPT review (see Determining the Necessary Level of UIRB Review, if applicable):

Certification and Signature

I certify under the penalty of professional misconduct the above statements are accurate and true.

Principal Investigator Signature:	Date:
Faculty Sponsor Signature (if applicable):	Date:

For Official Use Only—Protocol Decision

EXEMPT EXPEDITED FULL BOARD

IRB Member's Signature:	Date:
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