St. Thomas University
16401 N.W. 37th Ave., Miami, Florida 33054

Institutional Review Board - Research Proposal Submission Form

[DO NOT WRITE IN THIS SPACE] Date Received _____

Protocol Qualifies for: Full Review____ Expedited Review____ Exemption____

Instructions: The principal investigator or faculty supervising a student project should submit this form and research proposal (including consent forms and research instruments) to the chairperson of the University IRB committee. The IRB web page can be consulted for policy and procedures information.

A. Project Title:_____
_____

New proposal___ Continuation/Renewal_____ Revision_____

Proposed Start Date_____
Proposed Duration of Research_____
Performance Site(s)_____
B. Principal Investigator_____
Faculty Project ___
Supervised Student Project ___
Class Data Collection ___
Department _____
Email Address _____ Phone Number _____
Co-Investigators _____

Are there any special populations participating (children, handicapped, mentally ill etc.)

___ No

___ Yes (if YES, please describe in the attached research proposal)

Will any payment or course credit be awarded to participants?

___ No

___ Yes (if YES, please explain in attached proposal, and indicate what alternative means of obtaining course credit will be available to students who do not wish to participate)

In the attached proposal:

1. Describe the nature of the research/project being proposed
2. Explain if any physical, psychological or other risks to human participants are associated with the project, or if the project deals with "sensitive" subject matter (see IRB Guidelines)
3. Attach copy of the consent form and be sure it includes:

___ Description of project ____Contact information
___ Statement of right to withdraw ___ Statement of risks/benefits
___ Statement of confidentiality ___ Description of any costs, credit or payments
___ Explicit statement of consent ___ Line for Signature and Date

Investigator/Faculty Supervisor Signature: _____ Date: _____

Student Researcher Signature: _____ Date: _____