

**CHESTNUT HILL COLLEGE INSTITUTIONAL REVIEW BOARD
REQUEST FOR PROTOCOL REVIEW
COVER SHEET**

(Please use an "X" to indicate your response when there are choices.)

Date of Submission:

Type of Submission (Choose One): **First Time:** **Resubmission:**

Title of Research Project:

Name of Principal Investigator:

Signature of Principal Investigator: _____

Mailing Address:

Telephone:

Fax:

E-mail Address:

Name(s) of Co-Investigator(s):

Signature(s) of Co-Investigators: _____

Have you completed CITI Program modules: **Yes** **No**

(if no then you may not submit)

Research Category:
(Check ALL that apply)

Faculty:

Dissertation:

Doctoral:

Thesis or Project:

Masters:

Honors Research:

Undergraduate:

Course Requirement:

Administrative Research:

Independent Study:

Grant-funded research:

Name of funding agency:

Other, please specify:

Proposed Starting Date:

Proposed Ending Date:

Duration of Study:

Number of Subjects:

Level of Risk (Choose One): **High:** **Minimal:**

Moderate: **None:**

Is there any deceptive element? **Yes:** **No:**

If yes, is there a specific debriefing procedure? **Yes:** **No:**

Are children involved? **Yes:** **No:**

Other special or vulnerable population? **Yes:** **No:**

Has this proposal been approved by your dissertation chair as the final form of your dissertation proposal? **Yes:** **No:**

Has this or a similar proposal ever been refused by an IRB or similar entity charged with protecting human subjects? **Yes:** **No:**

Name of Dissertation Chair:

Signature of Dissertation Chair: _____

Advisor's Recommendation: **Exempt:**

Expedited:

Full Review:

IRB USE ONLY

Names of Reviewers: _____

Approved:

Conditionally Approved:

Date of IRB Review: _____

Not Approved: