

Projects Using Human Subjects Approval Form

Student's Name: _____

Title of Project: _____

School: _____

Grade: K 1st 2nd 3rd 4th 5th

Parent's Information:

Teacher's Information:

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

Return form to the Director for approval: Dr. Lisa Sullivan at APSU PO BOX 4547, Clarksville, TN 37044
Phone: (931-221-6148); email: sullivanl@apsu.edu

NOTE: Approval is required **before the project begins**. The Director will contact the parent and/or teacher with notification of the approval. The **Informed Consent Form** should be attached to this form.

What is the purpose of your study?

What will you ask people to do in your study?

If you are using a questionnaire or survey, attach a copy to this page.

To be completed by Institutional Review Board prior to experimentation

- MINIMAL RISK INVOLVED - Student may proceed with project following the attached IRB recommendations
- MORE THAN MINIMAL RISK - Student **must receive additional guidance** from IRB chair.

IRB Chair Signature: _____

Date: _____

Completed form should be returned to the Director, Dr. Lisa Sullivan after IRB chair approves or disapproves.