

## Projects Using Pathogens (Disease-causing Agents) Approval Form

Student's Name: \_\_\_\_\_

Title of Project: \_\_\_\_\_

School: \_\_\_\_\_

Grade: K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>

**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.

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What is the purpose of your study?

How will pathogens (disease-causing agents) be used in your study?

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**To be completed by Scientific Review Committee prior to experimentation**

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

SRC Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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