

Student Research Approval Form

NOTE: THIS FORM MUST BE COMPLETED BEFORE BEGINNING ANY RESEARCH PROJECT AND TURNED IN TO THE DEAN'S OFFICE.

Proposed Project Title:	
Student Investigator:	Program/Graduation Year:
Student Phone Number:	Student Email Address:
When will the research occur (dates)?	Faculty Mentor:
Mentor's Phone Number:	Mentor's Email Address:
Project Description:	

Are Biohazards, tissues, or cells involved in the proposed project?

Yes No

If Yes, have all named personnel completed biohazards safety training?

Yes No

If Yes, has a Biosafety application been submitted to the RSC?

Yes No

Are human subjects involved in the proposed project?

Yes No

If Yes, please attach:

**Documentation of CITI training
 IRB approval or exemption documents**

If Yes to any of the above, please attach relevant documentation.

Review and Approvals

All signing individuals certify that university resources and time commitments are available to listed personnel to successfully carry out and complete the work proposed.

Faculty Mentor: _____

Date: _____

Department Chair: _____

Date: _____

Dean: _____

Date: _____