

PSYCHOLOGY DEPARTMENT HUMAN SUBJECTS REVIEW FORM

Title of Project: _____

Type of Research: Dissertation Master's Thesis Honor's Thesis
 Independent Instructional Others

Principal Investigator: _____

Address & Phone: _____

Status of PI: Faculty Graduate Student Undergraduate Student Other

Signature of Faculty Supervisor (if appropriate): _____

Names of additional individuals who may conduct experimental sessions:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Will you use the Departmental Subject Pool? Yes No

If yes,

Number of subjects desired: _____

Subject restrictions: _____

Number of credit hours per subject: _____

Approximate dates for data collection: Begin: _____ End: _____

Departmental Review Committee

Reviewer 1:	Information:	Complete	Incomplete	
	Risk:	Minimal	Low	High
_____	Protections:	Adequate	Inadequate	
(initials)	Recommend:	Exempt	Expedited	Full

Reviewer 2:	Information:	Complete	Incomplete	
	Risk:	Minimal	Low	High
_____	Protections:	Adequate	Inadequate	
(initials)	Recommend:	Exempt	Expedited	Full

Recommend: **Exempt** **Expedited** **Full**

Signatures:

Human Subjects Committee Chair: _____ Date: _____

Department Chair: _____ Date: _____