**Instructions:** This form is to be used for the submission of group IRB submissions. The IRB will review the information in submission and determine if the research project meets the criteria for undergraduate classroom human subjects research I*RB SOP: Undergraduate Classroom Projects for Education Purposes Only*.Complete this form and the *Student Class Project Information/Permission Sheet*, if applicable, and return both to your instructor. Please also attach any other materials used in your project such as questionnaires, flyers, tests or educational materials.

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| **General Information** | |
| Date: Click or tap here to enter text. | |
| Student Researcher Name(s): | Date of CITI Human Subjects Research Training Certification: |
| Enter name | Enter date |
| Enter name | Enter date |
| Enter name | Enter date |
| Enter name | Enter date |
| Enter name | Enter date |
| Research Study Title: Click or tap here to enter text. | |

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| Research Purpose | |
| 1. | Provide a brief description of the purpose of the research, including the research questions that you hope to answer.  Click or tap here to enter text. |
| Study Population | |
| 2. | Approximately how many participants do you anticipate enrolling in this study?  Number |
| 3. | Where and how will you be recruiting your potential participants? *Please be specific.* Click or tap here to enter text. |
| 4. | Describe your study population: *(inclusion criteria/exclusion criteria) No vulnerable populations can be included*  Click or tap here to enter text. |
| Study Procedures | |
| 6. | Describe the project procedures that research participants will be asked to complete or undergo. Explain step by step what people will be asked to do.  Click or tap here to enter text. |
| 7. | How long will each participant be involved in the study?  Click or tap here to enter text. |

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| Supporting Documents | | |
| 8. | | Will you use:  Flyers or advertisements?  Yes  No  Questionnaires/Surveys/tests?  Yes  No  Student Class Project Information/Permission Sheet?  Yes  No  Educational materials?  Yes  No  Any other materials for participants?  Yes  No  If Yes to any of the above, please attach a copy. |
| Potential Risks | | |
| 9. | Please list all reasonably foreseeable risks or discomforts to participants and/or groups/communities? *Risks may be physical, psychological, social, legal, and/or economic.*  *Please note that all classroom submissions are required to be minimal risk as defined by 45 CFR 46.*  Please describe the risks and outline proposed provisions to minimize risk.  Click or tap here to enter text. | |
| Data Security & Management | | |
| 10. | Check one of the following:  I will collect names, e-mail addresses and/or phone numbers for recruitment purposes only. After recruitment I will delete this identifiable information in a responsible way (e.g., paper should be shredded). All data collected will be saved without identifiable information. If a random number is used, this number is not linked to any of the identifiable information.  I will not collect any identifiable information. All data collected will be saved without identifiable information. If a random number is used, this number is not linked to any identifiable information. | |
| 11. | In what format will the research data be collected and stored (e.g., paper, electronic)?  Click or tap here to enter text. | |
| 12. | Where will data be stored?  Click or tap here to enter text. | |
| 13. | What security measures for the data will be in place?  Click or tap here to enter text. | |

I agree that by entering my name and date in the area below that I agree to conduct this classroom research as outlined in the *IRB SOP: Undergraduate Classroom Projects for Educational Purposes Only* and I have discussed this classroom research project with my Faculty or Course Instructor.

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| --- | --- |
| Student Signature(s): | Date(s): |
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