

For IRB Use Only:

Application Number: _____

Lakeland College Institutional Review Board Application for Review

Cover Sheet

Project Title: _____

Primary Research Investigator: _____

Program/Department: _____

Campus Phone: _____ Campus Address: _____

Home or Cell Phone: _____ E-mail Address: _____

Date Application Submitted: _____ Project Start Date: _____

Expected Duration of Project: _____

Applicant's status *with regard to this project*: Faculty Staff Student

For all student projects, complete the following:

Research Advisor's Title & Name: _____

Program/Department: _____

Campus Phone: _____ Campus Address: _____

Home/Cell Phone: _____ E-mail Address: _____

CERTIFICATION STATEMENT

By making this application, I certify that I have read and understand the College's policies and procedures governing research activities involving human subjects. I agree to comply with the letter and spirit of those policies. I acknowledge my obligation to:

1. Accept responsibility for the research described, including work by students under my direction.
2. Obtain written approval from the Institutional Review Board of any changes from the originally approved protocol **BEFORE** implementing those changes.
3. Retain signed consent forms in a secure location separate from the data for at least three years after the completion of the research.
4. Immediately report any adverse effects of the study on the subjects to the Chairperson of the Institutional Review Board, Lakeland College (IRB Chairperson, 920-565-1290, IRB@lakeland.edu).

Primary Investigator Signature Date

Research Advisor Signature (required for all student projects) Date