Concord University Human Subjects Review Board: Proposal Cover Page

Directions: Please type or print neatly. Submit the completed research proposal to the HSRB Chair.	Project Number:	Official Use Only
Principal Investigator Name and Department:		
Email and Telephone Number:		
2. Concord University Affiliation Student Faculty Administration Staff	Other (Specify)	
3. Project Proposal Title		
4. If the principal investigator is a student, list the name, of the faculty/staff supervisor.	department, email, and tel	ephone number
Faculty/Staff Name and Department:		
Email and Telephone Number:		
5. Check the category of research project (complete after a Category I (Exempt Review) Category II (Expedited Review)	reviewing guidelines) III (Full Review)	
6. The principal investigator must sign this form. If the faculty/staff supervisor must also sign this form. Please n supervisor confirms knowledge AND approval of this	ote that by signing this fo	
By signing this form, I certify that: a) the information pother procedures will be used in this project; c) any mothe HSRB for approval prior to use.	0 1 0	. ,
Principal Investigator Signature:	Date:	
Faculty/Staff Supervisor Signature:	Date:	