MINNESOTA STATE UNIVERSITY
moorhead

☐ Institutional Review Board (submit completed form to Graduate Studies Office)
☐ Departmental Review Committee (submit completed form to Committee Chair)

Human Research Approval Form

Principal Investigator (must be MSUM faculty or staff): Date: _____

Name: _____ Dragon ID No: _____

Department: _____ Telephone No: _____

Building/Room No: _____ E-mail address: _____

Signature: _____ NIH Training? Yes ____ No ____

Co-Investigator: Attach separate sheet if more than two

Name: _____

☐ Faculty ☐ Graduate Student ☐ Undergraduate Student

Department or Program: _____

Telephone: _____

E-mail address: _____

Dragon ID No: _____

NIH Training? Yes ____ No ____

Signature: _____

Co-Investigator: Attach separate sheet if more than two

Name: _____

☐ Faculty ☐ Graduate Student ☐ Undergraduate Student

Department or Program: _____

Telephone: _____

E-mail address: _____

Dragon ID No: _____

NIH Training? Yes ____ No ____

Signature: _____

Title of study:

Date submitted: _____ Project starting date: _____ Project ending date: _____

Request: ☐ Exempt Status (complete *Request for Exempt Status*)
Submit 2 copies (original and 1 photocopy)
☐ Expedited Review (include reasons below)
Submit 2 copies (original and 1 photocopy)
☐ Full Review
Submit 12 copies (original and 11 photocopies)

Reason for requesting Expedited Review:

Institutional Review Board Recommendation:

Exempt Status Approval: ☐ Yes ☐ No ☐ Revise and Resubmit (see attached)
Expedited Review Approval: ☐ Yes ☐ No ☐ Revise and Resubmit (see attached)
Full Review Approval: ☐ Yes ☐ No ☐ Revise and Resubmit (see attached)

_____ _____
IRB Chair's Signature Date

This form and complete instructions are available online at: http://www.mnstate.edu/irb