EASTERN OREGON UNIVERSITY	For IRB use only
HUMAN SUBJECTS RESEARCH	Protocol #
APPLICATION	
	Approval Data
	Approval Date
AFTER REVIEW AND APPROVAL	
	EASTERN OREGON UNIVERSITY HUMAN SUBJECTS RESEARCH APPLICATION A PROJECT MAY COMMENCE ONLY AFTER REVIEW AND APPROVAL

FOR COMMITTEE MEETING DATES CALL THE IRB CHAIR (No Meetings July-August)

Researcher's Name email			Department FAX				
Project Title							
Researcher:	Faculty	Staff	Student	Undergraduate Year			
lf student, Facu	lty Sponsor's nan	ne					

FOR FUNDED RESEARCH PROJECTS

Funding Source (include pending)

NO

REVIEW TYPE (HSS only)

Expedited ____ Exempt ____ Regular See HSS 45cfr46 for instructions

INSTRUCTIONS TO AMEND A CURRENTLY APPROVED PROTOCOL

Currently approved protocol title:

Approved on _____ Protocol Number _____ (Submit one copy of cover page from currently approved protocol)

Describe any changes to currently approved protocol on a separate page

Project Director Signature	Date
Faculty Sponsor Signature Faculty signature indicates that you accept responsibility for the research described, including supervision. It further attests that you will monitor all phases of the research and notify the Con changes to the protocol.	

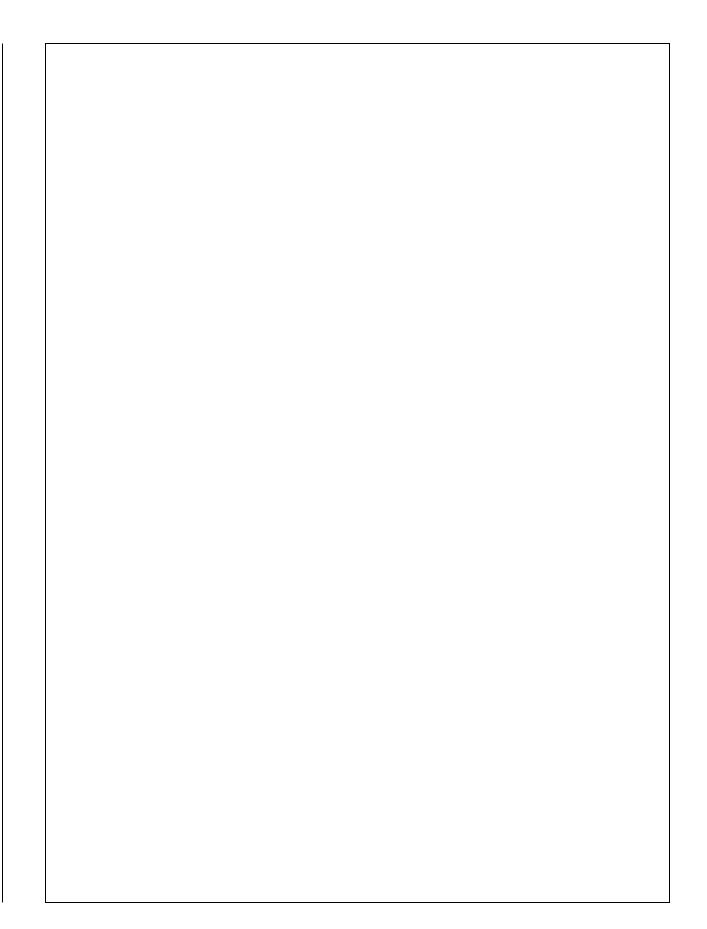
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PROJECT DESCRIPTION

Provide a brief description of your research protocol. Address each of the following questions about the use of human subjects:

- State the educational significance of the proposed research.
- Describe your proposed procedures. Include the number of subjects required, how they will be recruited, identify risks associated with participation, and whether subjects will be compensated.
- Describe how the results of the proposed research are to be used. Is this part of a class project or part of an investigator's research program? Will results be published?
- Describe how subjects will be debriefed and how subject's anonymity will be protected. Will the results be made available to subjects?

RESEARCH PROTOCOL



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