**STUDENT Research Approval FORM**

**Note: This form must be completed before beginning any research project AND TURNED INTO THE Director of research, dr. AMANDA BROOKS at:** **ABROOKS@RVU.EDU**

**Proposed Project Title:** Click or tap here to enter text.

**Student Investigator:** Click or tap here to enter text. **Program/Grad.Yr.** Click or tap here to enter text.

**Student Contact (Phone and Email):** Click or tap here to enter text.

**When will the research be done (dates)?** Click or tap here to enter text.

**Faculty Mentor:** Click or tap here to enter text.

**Department or Affiliation of Mentor:** Click or tap here to enter text.

**Mentor’s Contact Information (Phone and Email):** Click or tap here to enter text.

**PROJECT DESCRIPTION**

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| --- |
| Click or tap here to enter text. |

**Note: The following CITIProgram Online courses must be completed prior to beginning the research project.**

*(Contact* *ldement@rvu.edu* *to request login instructions.)*

Human Studies **– Introduction to Research: Date completed** Click or tap here to enter text.

Bench/Lab Research – **Basic Biosafety/Biohazard Training for Medical Students Date completed** Click or tap here to enter text.*(OSHA Biosafety is an annually required course)*

* **If the project involves human subjects, please go to** [**linked document**](http://www.rvu.edu/wp-content/uploads/2019/05/IRB-Research-Application-Determination.docx) **and complete the IRB worksheet to determine required level of IRB approval.** *(hover mouse over linked document and press control/click)*

**Faculty Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Off-Campus Research Supervisor Signature (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send to:** **abrooks@rvu.edu**

**Approval Signature: Director of Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**