

As the research coordinator (course instructor), I attest that all of the information on the attached form is accurate, and that every effort has been made to provide the reviewers with complete and accurate information related to the nature and procedures to be followed in this research project. Additional forms will be immediately filed with the IRB to report any change in participant(s), participant selection process, change of research coordinator (course instructor), adverse incidents, and/or final completion of projects. I agree to file a Progress Report with the IRB at the end of each term in which this project has been implemented. I also agree to abide by all governmental regulations and institutional policies that apply to this study, including those applicable to research work conducted in countries other than the United States.

Course Instructor's Signature:	Date:
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Attach any other forms, tests, institutional permission slips, etc., relative to this study. Failure to do so may result in delayed processing of the application.

Important Notice:

- *Please complete this form in detail, sign it, then submit the form to your departmental IRB representative with attachments relevant to this project.*
- *Do not distribute this assignment to students until IRB certification is obtained.*
- *If any change occurs in any element of the project, the IRB must be notified in writing with the appropriate form.*
- *Please allow 30 days for processing.*
- *Certification is for one year.*

Attach the appropriate Application for IRB Review and Certification of Compliance.

