

The Professional School of Psychology

Human Subjects Review Committee

Review of Research Protocol

Student's/Researcher's Name _____

Purpose of Review (circle one):

Class Project

Dissertation

Other Study

Title of Proposed Research:

Student's/Researcher's
Signature _____ Date _____

Chairperson Signature _____ Date _____

Administrative Use Only

Type of Review (circle):

Exempt

Regular

Non-Sensitive

Sensitive

**Full
Approval**

**Conditional
Approval**

**Returned
for Revision**

Comments:

Reviewer _____ Date _____

Second Reviewer _____ Date _____

(If Sensitive)

Original/File

Chair

Student