|  |  |
| --- | --- |
| Project Title: |  |
| Principal Investigator (PI):  |  |
| Address: |  |
| Email: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
| PI Status: |     |  |
| If Other, please explain why UTTC IRB approval is required: |
|  |

Additional Investigators and Affiliations (for students, this will include Faculty Sponsor):

|  |
| --- |
|  |

Project Description:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Anticipated Dates for Data Collection: |  | Start: |  | End: |  |

Name of external funding agency (if any) and proposal title (if different from above):

|  |
| --- |
|  |

Review Status (to be completed by the PI):



I certify that the statements herein are accurate and complete. I agree to protect the rights and welfare of the human subjects participating in my research, to abide by College guidelines for securing informed consent, to safeguard the confidentiality of my research data, and to inform the IRB Chairperson/Committee Member should any changes in the research protocol or issues arise with human subjects during the course of this research. I will keep a copy submitted to the IRB Committee. I will provide a copy of the de-identified data and the research results to the Office of Institutional Research upon completion of the research.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Principal Investigator |  | Date |

*To be completed if not affiliated with United Tribes Technical College:*

|  |  |
| --- | --- |
| Name of UTTC Faculty/Staff Sponsor: |  |
| Sponsor Email: |  | Phone Ext: |  |

I have reviewed this application and will oversee this research in its entirety.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of UTTC Sponsor |  | Date |