

HUMAN SUBJECTS REVIEW FORM
UNIVERSITY OF SOUTHERN MISSISSIPPI
(SUBMIT THIS FORM IN DUPLICATE)

Protocol # _____
(office use only)

Name _____ Phone _____

E-Mail Address _____

Mailing Address _____
(address to receive information regarding this application)

College/Division _____ Dept _____

Department Box # _____ Phone _____

Proposed Project Dates: From _____ To _____
(specific month, day and year of the beginning and ending dates of full project, not just data collection)

Title _____

Funding Agencies or Research Sponsors _____

Grant Number (when applicable) _____

_____ New Project

_____ Dissertation or Thesis

_____ Renewal or Continuation: Protocol # _____

_____ Change in Previously Approved Project: Protocol # _____

Principal Investigator _____ Date _____

Advisor _____ Date _____

Department Chair _____ Date _____

RECOMMENDATION OF HSPRC MEMBER

_____ Category I, Exempt under Subpart A, Section 46.101 () (), 45CFR46.

_____ Category II, Expedited Review, Subpart A, Section 46.110 and Subparagraph ().

_____ Category III, Full Committee Review.

HSPRC College/Division Member _____ DATE _____

HSPRC Chair _____ DATE _____