

Human Subjects Research Application
The University of Southern Mississippi
Institutional Review Board
irb@usm.edu

Name _____ Phone _____

E-Mail Address _____ Campus ID # _____

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

Street City State Zip Code

College/Division _____ Dept. _____

Department Box # _____ Phone _____

Title _____

Funding Agencies or Research Sponsors _____

Grant Number (when applicable) _____

New Project

Dissertation Thesis

Renewal or Continuation: Protocol # _____

Change in Previously Approved Project: Protocol # _____

Researcher Name (type)

DATE

Advisor Name (if applicable) (type)

Department Chair Name (type)