SOUTHEAST MISSOURI STATE UNIVERSITY  
COLLEGE OF SCIENCE, TECHNOLOGY AND AGRICULTURE  

Application for the Conduct of a Project Involving Human Subjects  

SUBMITTED TO: College Committee on Research Involving Human Subjects  

PROJECT TITLE: _______________________________________________________
___________________________________________________________________
___________________________________________________________________

DEPARTMENT: _______________________________________________________
___________________________________________________________________
___________________________________________________________________

In making this application, I certify that I have read and understand the guidelines and 
procedures developed by the University for the protection of human subjects as outlined 
in the Faculty Handbook posted on Southeast Missouri State University’s homepage. I 
fully intend to comply with the letter and spirit of the University policy.

Principal Investigator                          Date

Principal Investigator                          Date

Advisor for Thesis (if applicable)             Date

This proposal has been reviewed and approved by the Chair of the Department. 

Approved:

Chair of the Department                          Date

This proposal has been reviewed and approved by the College Committee on Research 
Involving Human Subjects. It has been determined to be a project in Category I _____ or 
Category II _____.

Approved:

Chair of the College Committee on Research 
Involving Human Subjects                          Date

This proposal has been reviewed and approved by the Dean of the College. It has been 
determined to be a project in Category I _____ or Category II _____.

Approved:

Dean;                                          Date
SUMMARY OF RESEARCH INVOLVING HUMAN SUBJECTS

Project Title_______________________________________________

____________________________________________________________

Investigator(s)____________________________________________

____________________________________________________________

Thesis committee chair (if investigator is a graduate student)

____________________________________________________________

Department Chair____________________________________________

1. Briefly describe the project's overall purpose and primary objectives:

2. Briefly describe the subject population to be used (specifically noting if any of them are minors, residents of institutions (for example, prisons or mental hospitals), mentally or physically handicapped or donors of organs/tissues). Also describe the procedures of identifying/recruiting subjects, any compensation paid to the subjects, procedures to be used in the treatment of subjects or the method of obtaining data from the subjects:

3. Briefly describe the procedures that will be used to assure subject confidentiality: specifically state whether or not the subjects will be identifiable from raw and/or processed data; state how data will be protected from unauthorized personnel (e.g., stored in locked filing cabinets, etc.); whether or not the data will be destroyed upon completion of the project; whether or not publications of the project (theses, papers, articles, video tapes, etc.) will allow identification of individual subjects:
4. Describe the potential risks to the subjects that may result from their participation in the project:

5. Describe the potential benefits to subjects or society that may result from the project:

6. Please attach informed consent form, and copies of all test forms, questionnaires, list of instruments and/or materials to be utilized in the project. Also please attach any additional human subjects committee approvals from other institutions where research will be conducted.
SAMPLE INFORMED CONSENT FORM

Title of Project:

Investigator:

Department:

Phone number:

The purpose of this project is: (BRIEFLY describe the purpose of the project)

I understand that, as part of this project, I will: (describe what will be expected of the subject)

I understand that the risks associated with this procedure include: (describe any potential risks to the subject)

I understand that my participation is voluntary; I may refuse to participate and/or discontinue my participation at any time without penalty or prejudice. I understand that my participation or lack thereof will in no way affect my ________________ (e.g., grade in this course, treatment in this facility, etc.).

I understand that all information collected in this project will be held confidential; (please BRIEFLY describe the procedures being taken to ensure confidentiality).

I understand that by agreeing to participate in this project and signing this form, I have not waived any of my legal rights.

I understand that any questions or concerns I have will be addressed by the above named investigator. If I have further questions, I may contact the chairperson of the Human Subjects’ Committee, ________________ at ________________.

Signature_____________________________________________

Date__________________________________________________