

IRB Request for Clearance

Individual Class Research Projects

**By submitting this form in lieu of an IRB application, all future dissemination and publication rights on this research project have been surrendered.**

**Please complete a separate form for each project.**

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| --- | --- |
| Instructor Information | |
| Name: |  |
| Title: |  |
| College/Department: |  |
| E-mail Address: |  |

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| Course Information | |
| Course Number: |  |
| Course Name: |  |

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| Project Information | |
| Title: |  |
| Proposed Start Date: |  |
| Proposed End Date: |  |
| Purpose Statement: |  |
| Study Population: |  |
| Basic Methodology: |  |
| Where are results released or presented?: |  |

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| Student Information | | | | |
| Students involved in the research should complete the following information. The Students-Class Projects course in CITI must be completed by all students prior to the start of the project. | | | | |
| **Student Name** | **WSU-ID** | **Signature** | **Date** | **Date of CITI training** |
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| Student Information (Continued) | | | | |
| **Student Name** | **WSU-ID** | **Signature** | **Date** | **Date of CITI training** |
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**Assurances**

**(To be completed by the course instructor):**

I assure this project will never be “generalized” or result in publication, dissemination or presentation to any media outlet. *\*The WSU Graduate Showcase, GRASP symposium and other WSU events where projects are presented by faculty, staff or students need prior IRB approval. Student thesis, dissertation, and other capstone projects involving human subjects research also need IRB approval because they are published, at minimum, in the WSU library. If the project will only be presented in the classroom for the course listed on page 1, it is acceptable to use this Class Projects Clearance Form.*

I assure this project will not utilize any vulnerable populations as defined by Title 45 CFR, Part 46.

I assure this project will not include more than minimal risk to all participants as defined by Title 45 CFR, Part 46.

I assure the protection of participants involved in the class project in accordance with Title 45 CFR, Part 46 and Wichita State University Policy.

I assure that students will complete training as deemed necessary by Wichita State University IRB.

I assure that no changes or modifications will be made to the activity that would change the project’s Non- Research Status, without notification to Wichita State University IRB.

I assure that I will promptly report to Wichita State University IRB any unanticipated problems involving participants in the activity as described.

I assure that the information herein provided to the Wichita State University IRB is to the best of my knowledge complete and accurate.

I have completed Human Subjects Training through CITI within the last 3 years. *\*If another training curriculum has been completed (e.g. NIH) or CITI was completed through another institution, please submit your completion certificate.*

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit completed forms via email to [IRB@wichita.edu](mailto:IRB@wichita.edu). The IRB administrator will review this request and determine if the project meets the criteria for a Class Project Waiver.