**Appendix A**

**SCCCD REVIEW OF RESEARCH**

**FOR THE PROTECTION OF HUMAN SUBJECTS**

**PROTOCOL SUBMISSION FORM**

**Project Information**

**Project Title:**

**Principal Investigator:**

**Organization or Department:**

**Phone:**       **E-mail:**       **(all correspondence will be with the principal investigator)**

**Co-investigator(s):**

**Estimated Start Date:** Click here to enter a date.

**Note: This date should follow IRG review. Please allow at least 10 days for exempt or expedited reviews. Protocols requiring approval from full board will be reviewed at our next meeting.**

**Estimated Completion Date:** Click here to enter a date.

**Note: Projects continuing for longer than one year will require an Annual Progress Report.**

**Determination of Risk/Review Status**

For a description of the review categories, please see the *IRG Policies and Procedures Manual* or see “[Determining if a Project is Exempt, Expedited or Requiring Full Review](http://www.fresnocitycollege.edu/index.aspx?page=2833)” on the [SCCCD IR website.](http://ir.scccd.edu/)

**Check the Appropriate Review Category for this Project (check one):**

**☐ Full Board Review  
☐ Expedited Review  
☐ Exempt. If exempt, indicate the exemption number:**       **(exemption numbers can be found in**

**the *IRG Policies and Procedures Manual* or** [**here**](http://www.fresnocitycollege.edu/index.aspx?page=2833)**)**

**☐ Check this box to indicate that all investigators involved in this project have read *The Belmont***

***Report* (can be found on the** [SCCCD **IR website)**](http://ir.scccd.edu/)**.**

**☐ Check this box to indicate that all investigators involved in this project have read the -SCCCD *Human Subject Review Policies and Procedures* (can be found on the** [**SCCCD IR website)**](http://ir.scccd.edu/)**.  
☐ Check this box to indicate that you will safeguard the identify of participants and all information**

**collected for this research.**

**Signature(s)**

Signing this document indicates that you have read and are familiar with the research protocol described above.

**Name and Signature of Principal Investigator: Signature(s) Date(s)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) and Signature(s) of Co-Investigator(s):**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions**

For electronic submissions:

* Email a PDF of the entire proposal to the college/district researcher via email .
* The proposal must be sent as one complete document, must include all relevant forms, and must be signed by all investigators involved.

For paper submissions

* Mail the entire proposal to the college/district researcher. The proposal must include all relevant forms and must be signed by all investigators involved.

**For IRG Review Use Only**

**Review Status   
  
☐ Approved**

**☐ Resubmit – Conditional approval**

**☐ Rejected**

**Signature of the Reviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**