

CASTLETON STATE COLLEGE  
HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD  
REQUEST FOR REVIEW

GENERAL INFORMATION:

Name: \_\_\_\_\_

Department and Campus Address: \_\_\_\_\_

Home Address (if no campus address): \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Date: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

Duration of Project: From \_\_\_\_\_ To \_\_\_\_\_

Status of this project:

New

Amendment to new project

Continuation of previously approved project

Modification of previously approved project

Funding Agency: Do they require notification from the Institutional  
Review Board? Yes  No

If proposal has been submitted to a review board at another institution, provide date of review and recommendations. Attach relevant correspondence.

Name of Institution: \_\_\_\_\_

Date of Review: \_\_\_\_\_

SUBJECT INFORMATION

1. Site of Research: \_\_\_\_\_

2. Number of Subjects: \_\_\_\_\_

3. Type of Subjects (check all that apply):

Newborns/Infants

Children (aged 2-12)

Adolescents (aged 13-18)

Emancipated Minors (minors living independently)

Adults (over 18)

Pregnant women

Mentally handicapped

Prisoners

Other special populations (Specify \_\_\_\_\_)

4. Time commitment for each subject:

5. Compensation (Indicate how much, if any, and the form of compensation, i.e., cash, course requirement, or mileage, etc.):

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SIGNATURES

The undersigned accepts the responsibility for assuming adherence to DHHS, FDA, and CSC policies relative to the protection of the rights and welfare of patients/subjects participating in this study.

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Signature of Project Director

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Graduate ( ) Undergraduate ( )

Faculty Advisor Signature  
(Required for Student Projects)

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Staff

Date

Project Director must assume responsibility for the study. If another individual will conduct the study, indicate that person's name and position.

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Name

Position