

Proposal # \_\_\_\_\_ Date Received by IRB \_\_\_\_\_ New \_\_\_\_ Revised \_\_\_\_

**Application for Exemption from Review  
for Research Involving Human  
Participants Form**

**Institutional Review Board Office**  
Attn: Provost office



**4. Participants:** Describe who will participate in the research and how they will be recruited and if they will be compensated in any way.

**5. Research Procedure:** Specifically describe what the participants will do and where the activities will take place. Outline the approximate dates and durations for specific activities, including the total number of treatments, visits, or meetings required and the total time commitment **ufsd dtlin58s,-1.2 ( s-4.1 ( )0.7 (p))-3.4 (e)-4.1 (n-11.3 .7 ( )0.w7 ( 0)-1.5 (o)0**

**8. Consent Process:** Describe when and where voluntary consent will be obtained, how often, by whom, and from whom. Attach copies of all consent and assent forms.

**9. Funding:** Describe any funding sources for your study

**10. Expected Completion Date:**

**INVESTIGATOR ASSURANCES:**

I certify that the project described above, to the best of my knowledge, qualifies as an exempt study. I agree that any changes to the project will be submitted to the Institutional Review Board for review prior to implementation. I realize that some changes may alter the exempt status of this project. **The original signatures of the PI (and PS if applicable) is required before this application may be processed (scanned or faxed signatures are acceptable).**

\_\_\_\_\_  
Principal Investigator Date \_\_\_\_\_

\_\_\_\_\_  
Co-Investigator Date \_\_\_\_\_

\_\_\_\_\_  
Project Supervisor Date \_\_\_\_\_

**Millikin IRB Use Only**

MU IRB Protocol No. \_\_\_\_\_ Date Submitted: \_\_\_\_\_

IRB Determination: \_\_\_ Exempt \_\_\_ Non-Exempt PI/PS Notified (Date) \_\_\_\_\_

IRB Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Provost Notified \_\_\_\_\_ Date \_\_\_\_\_