

Research Ethics Committee

**RESEARCH PROJECT PROPOSAL**

**ADDITIONAL INVESTIGATORS**

**RESEARCH PROJECT TITLE:** Click here to enter text.

**PRINCIPAL INVESTIGATOR OR FACULTY ADVISOR:** Click here to enter text.

**Co-Principal or Student Investigator**

Name: Click here to enter text.

Degree Attained: Click here to enter text.

Department: Click here to enter text.

Title: Choose an item.

Email Address: Click here to enter text.

Campus Street Address: Click here to enter text.

Campus City, State, and ZIP: Click here to enter text.

Primary Phone Number: Click here to enter text. Choose an item.

Secondary Phone Number: Click here to enter text. Choose an item.

Documented completion of training in the protection of human research participants? Choose an item.

For Student Investigator ONLY:

Status: [ ]  Undergraduate [ ]  Masters [ ]  Doctoral

Level of Involvement: [ ]  Assisting [ ]  Thesis [ ]  Dissertation

 [ ]  Other (please specify): Click here to enter text.

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Co-Principal or Student Investigator Signature Date

**Co-Principal or Student Investigator**

Name: Click here to enter text.

Degree Attained: Click here to enter text.

Department: Click here to enter text.

Title: Choose an item.

Email Address: Click here to enter text.

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 [ ]  Other (please specify): Click here to enter text.

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Co-Principal or Student Investigator Signature Date

**Co-Principal or Student Investigator**

Name: Click here to enter text.

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Department: Click here to enter text.

Title: Choose an item.

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Co-Principal or Student Investigator Signature Date