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| **COVER SHEET****STUDENT INVESTIGATORS****Submit all research documents via SharePoint*****(See “Submission Process” at*** [***www.gonzaga.edu/IRB***](http://www.gonzaga.edu/IRB)***)*** |
| **I. STUDENT INVESTIGATOR (SI)** |
| **Student Investigator Name:***(Students must have a “Responsible PI” who is a qualified faculty member or supervisor, and who will monitor and be liable for the conduct of the research.)* |
| Department: |  |  School/College**:** |  |  Email: |  |
| **II. CO-STUDENT INVESTIGATOR(s) (If applicable):** |
|  **CO-SI Name:**  |
| Department: |  |  School/College: |  |  Email: |  |
|  **CO-SI** **Name:**  |
| Department: |  |  School/College: |  |  Email: |  |
|  **CO-SI** **Name:**  |
| Department: |  |  School/College: |  |  Email: |  |
|  **CO-SI** **Name:**   |
| Department: |  |  School/College: |  |  Email: |  |
| **III. RESPONSIBLE PRINCIPAL INVESTIGATOR(s)** |
| **Responsible PI (Advisor or Supervisor):**  *(The “Responsible PI” must monitor and be liable for the conduct of student research.)* |
|  Department: |  |  School/College |  |  Email: |  |
| **Responsible PI (Advisor or Supervisor):**  *(The “Responsible PI” must monitor and be liable for the conduct of student research.)* |
|  Department: |  |  School/College |  |  Email: |  |
| **IV. PROTOCOL INFORMATION** |
| **TITLE OF THE PROJECT:****(***Please be sure the title and PI name(s) are consistent across all materials submitted.)***ANTICIPATED START DATE:**     j  *(*The s*tart date should NOT be earlier than the review date for your protocol.)***ANTICIPATED END DATE:**      j**THIS PROJECT IS:** [ ]  Undergraduate Research [ ]  Master’s Research [ ]  Doctoral Research  |
| **V. ABSTRACT**  |
| *Provide a brief (about one paragraph) abstract in layman’s terms that includes study goals, background, and methods used for this research:* |
| **VI. ASSURANCES AND SIGNATURES** |
| * **SIGNATURES:** Signatures can be submitted with Adobe automatic signatures.  A typed name can be accepted, too, when accompanied by an email to the IRB stating, “My typed name indicates my signature.” The IRB email is: irb@gonzaga.edu.
* **TRAINING:** All research members must complete ethical training through either CITI or NIH\* within 4 years prior to submitting a protocol. Refresher courses are available if needed. \**Note that NIH will no longer be accepted after Oct. 1, 2021.*

**As Student Investigator, I understand the following (please check):** |
| [ ]  Each student research member has completed CITI training within 4 years prior to submitting this protocol. |
| [ ]  | This research will not begin until a determination is received from the Gonzaga IRB. |
| [ ]  | I agree to conduct the research in accordance with the three basic principles of the Belmont Report (Respect for Persons, Beneficence, and Justice). |
| **STUDENT INVESTIGATOR(s)** |
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| **By signing below I certify that I am aware of and agree with the information provided in this application.****Type Name Student Investigator Signature Date** |
| **Type Name Co-Student Investigator Signature Date** |
| **Type Name Co-Student Investigator Signature Date** |
| **Type Name Co-Student Investigator Signature Date** |
| **Type Name Co-Student Investigator Signature Date** |

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|  **RESPONSIBLE PI(s) – Faculty Advisor(s) of Student Investigator (SI)** |
|  | **As the Faculty Advisor for this student investigation, my signature indicates the following:*** I have ***reviewed and concur with this research proposal***, including: purpose, design, methodology, procedures, subjects, and the provided description of risks and benefits.
* I will ***assist the student and Gonzaga*** as requested if any problems develop with the research.
* I will provide ***continued oversight and guidance*** to the student during the course of the research, according to state and federal laws in addition to institutional policies and procedures.
* I have completed the NIH or CITI training.
* I understand that I am the “responsible PI” who is liable for the conduct of the research.

**Type Name Signature of FACULTY ADVISOR Date****Type Name Signature of CO-FACULTY ADVISOR Date** |

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|  **DEPARTMENT CHAIR OR SUPERVISOR** |
|  | **With my signature, I acknowledge that I have been informed of the research. I also understand it is the responsibility of the IRB to review research protocols as per the criteria in 45 CFR 46.111 (**[**https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.111**](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.111)**).****Type Name Signature** **of** **DEPARTMENT CHAIR OR SUPERVISOR**  **Date** |