

***Brief Application for Annual Review of Continuing Classroom Research Projects  
(Expedited or Exempt Reviews Only)***

*Note: This form is to be submitted every year for continuing classroom research projects and whenever an instructor changes in a course taught by more than one faculty member. If a new instructor takes over the course in its entirety, a new IRB application must be submitted.*

***Send to the IRB, Office of Institutional Research, Ludlum Room 214.***

1. Primary Investigator/Faculty/Staff member in charge of the Classroom Research project(s):

\_\_\_\_\_

2. Title and IRB number of research: \_\_\_\_\_

3. Check one: \_\_\_\_ Faculty \_\_\_\_ Staff

4. Date of last IRB approval: Must be within one year

\_\_\_\_\_

5. Address: \_\_\_\_\_

\_\_\_\_\_

6. Phone: \_\_\_\_\_

7. Email: \_\_\_\_\_

*Please answer the following questions on a separate sheet:*

8. Briefly describe the classroom project(s):

9. Has the assignment or classroom project changed since it was last approved by the IRB?

10. Is the faculty member/staff member now involved with the project different from the person who originally obtained IRB approval?

11. Since your last IRB review, have there been any problems, which have arisen as a result of the research? If so, please explain.

12. Since your last IRB review, have you modified your protocol or procedures in any way? If yes, please explain the modification and the steps you have taken to minimize risk to subjects.

13. Since your last IRB review, have you modified your consent form in any way? If so, please explain the modification and the steps you have taken to insure that subject participation is voluntary and confidential.

14. If this course has multiple instructors, all should sign below.

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

IRB Chair Signature: \_\_\_\_\_

*Please enclose a copy of the consent form used in your course.*