San José State University
Human Subjects- Institutional Review Board

Request to Use Human Subjects in Research
Cover Sheet

Date submitted: _____ Project Period: From: _____ To: _____
Funded by: _____
Name:_____ Department: _____
Phone: Work: _____ Home: _____ Email Address: _____
Address:_____
City: _____ State: _____ Zip Code: _____

Check one:
- SJSU Faculty Member ____
- SJSU Student ____
- SJSU Staff ____
- Non-SJSU Investigator ____
- Other (please describe) _____

Title of Proposed Project: _____

Abstract: _____
Number of Subjects:_____ Age of Subjects: _____
Type of Subjects: _____
Proposed research method:_____
What Kinds of Data Will Be Collected: _____

Is a copy or description of each data collection instrument attached: YES ____ NO ____
Are procedures to protect confidentiality delineated: YES ____ NO ____
Are agreements from participating institutions (on their letterhead) included: YES ____ NO ____
Is a consent form attached: YES ____ NO ____
Is it on SJSU letterhead? YES ____ NO____

Possible Risks: _____
Category of Risk: _____

A. Research involving only minimal risks to human subjects: Probability and magnitude of harm or discomfort are no greater than they encounter in daily life.
B. Research involving reasonable risk to human subjects: Risks to the subject are reasonable in relation to anticipated benefits to the subjects and the importance of the knowledge that may reasonably be expected to result.

Please submit two copies of the completed protocol and supporting materials to:

HS-IRB Coordinator
Graduate Admissions and Program Evaluations
San José State University
One Washington Square
San José, CA 95192-0025.

For questions call the HS-IRB Coordinator at (408) 924-2480.

Responsible Faculty Member Form

It must be submitted with all student research protocols.

Title of proposed project:

Student Investigator(s):

Responsible Faculty Member(s):

I (we), the undersigned, have reviewed the above named study and believe the research conforms to federal, state, and SJSU policy for the protection of human subjects in research. Further, I (we) will monitor the course and conduct of the proposed research.

Faculty Signature: _____ Date: _____ Dept. : _____
Email Address: _____

Verification of Translation Accuracy

Title of Proposed Project: _____

I, the undersigned, verify that all translated materials related to the above named study reflect the intent and spirit of the English text.

Signature: _____ Date: _____ Phone: _____

Mailing Address: _____

Extension of Time Request Format

Name: _____Dept.: _____

Phone work: _____ home: _____

Email Address: _____

Address: _____

Title of project: _____

Reason for request: _____

Changes or significant events that have occurred during the approval period:

_____

_____

_____

Include a copy of the original protocol.