



RESEARCH REVIEW APPLICATION
FOR MSA 699 AND EDU 776 CAPSTONE COURSE PROJECT

Project title: _____

Student name: _____ Student ID#: _____

E-mail address: _____ Work phone: _____ Home phone: _____

Concentration: _____

Instructor's name: _____ Instructor e-mail: _____

Course: _____ EPN: _____ Program center: _____

Do you intend to use human subjects or human subjects data in your project? Yes [] No []

Do you intend to publish your project or present project results outside of your organization? Yes [] No []

If you answered "yes" on both questions, you are required to complete CITI training and seek approval through CMU's Institutional Review Board (IRB). The IRB process requires registration in IRBNet and submission of your application materials and supporting documents through IRBNet. Please consult with your instructor and the appropriate program office for assistance.

If you answered "no" to one or both questions, you may use this form for your research review. Read the following directions:

Table with 2 columns: Non-human subject research and Human subjects research. Each column contains instructions and required attachments for that type of research.

Large empty rectangular box for providing detailed research information.

Please check all that apply:

My project is work-related My project is related to my concentration My project is not related to my work or to my concentration. Please provide a rationale for a project that is not work-related or concentration-related:

Directions: Insert digital signature or type in your name as verification/approval of the information presented in this application. Your signature also confirms your commitment to appropriate research ethics while conducting this research: **Submit this form and applicable attachments to your instructor. Please wait for written approval prior to beginning data collection.**

Student signature: _____ Date: _____

Student signature: _____ Date: _____
(Please type or print your name.)

Instructor signature: _____ Date: _____

Instructor signature: _____ Date: _____
(Please type or print your name.)

Program approval signature: _____ Date: _____

Program approval signature: _____ Date: _____
(Please type or print your name.)