

**Human Subjects Review Application**  
**Missouri Southern State University**  
**Institutional Review Board**

Date Submitted: \_\_\_\_\_ Research Project No.: \_\_\_\_\_  
(to be assigned by IRB personnel)

Name of Researcher (print): \_\_\_\_\_

Email: \_\_\_\_\_  Faculty  Student

**(For Student Projects)**  
Faculty Research Supervisor (print): \_\_\_\_\_  
  
Email: \_\_\_\_\_  
  
Campus phone: \_\_\_\_\_ Department: \_\_\_\_\_

Time frame in which research will be conducted (begin/end dates): \_\_\_\_\_

Project Title: \_\_\_\_\_

Attachment should answer the following:

- |   |                               |
|---|-------------------------------|
| 1. Brief Description of Project                 | 3. Informed Consent Procedure |
| 2. Brief Description of Participants (Subjects) | 4. Debriefing Process         |

Rationale for Research Level (see criteria in MSSU Human Subjects Protection IRB Policy):

Participant Criteria (check one):  Nonvulnerable  Vulnerable  
Risk Level (check one):  Less than minimal  Minimal  Greater than minimal

Applicant Assessment of Research Level (check one):  
 Exempt  Expedited  Full Review

Faculty Research Supervisor: \_\_\_\_\_  
Signature/Date (For Student Projects)

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For Official Use Only - Action of IRB

APPROVED     NOT APPROVED     Redirected For Further Review by IRB

Reason: \_\_\_\_\_

Exempt Level: (1) \_\_\_\_\_  
Signature of Department Reviewer or IRB Representative/Date

Expedited Level: (1) \_\_\_\_\_ and (2) \_\_\_\_\_  
Signature of Department Reviewer/Date                      Signature of IRB Representative/Date

Full Level: (1) \_\_\_\_\_  
Signature of IRB Chair/Date