**STUDENT CLASS PROJECT INFORMATION PAGE**

This completed form and your certificate documenting Human Subject training completion must be turned into the professor/faculty member supervising this research. Your professor must obtain review and approval from an IRB member prior to beginning this research.

**I. B. To Be Completed By Student Researcher:**

SUPERVISING FACULTY NAME:

CLASS:

Please provide the following:

1. **Purpose of the Experiment.**

 type here

1. **Provide a brief description of the methods to be used.**

 type here

1. **Provide a description of how you will obtain consent.**

 type here

1. **If deception is used, explain how you will debrief the participants.**

type here

1. **Explain how you will keep the information confidential and protect the anonymity of subjects.**

type here

**Note – any questionnaires or surveys must be submitted with this page. Please put your initials or student id in the file name of any attachments.**