[**Student Class Research Project Information Form - Supervising Faculty**](https://vpresearch.louisiana.edu/sites/research/files/DELEGATED_IRB_Application%20Supervising%20Professor_revised%203-28-2020%20final.docx)

**\*\*This form cannot be used if the research will be presented outside of the classroom.\*\***

When class research projects will be presented outside the classroom, students must complete the full IRB application and submit to the [IRB@louisiana.edu](mailto:IRB@louisiana.edu) for review and approval.

1. **A**. **To Be Completed by Supervising Faculty**

SUPERVISING FACULTY NAME:       PHONE:

DEPARTMENT AND CAMPUS ADDRESS:

CLASS/SECTION:

NUMBER OF STUDENT FORMS SUBMITTED WITH THIS FORM: \_\_\_\_\_

PLEASE USE PAGE TWO TO ENTER THE STUDENT NAMES AND THEIR PROJECT TITLES.

NOTE – Student class project forms, surveys/questionnaires, and CITI certificates must be submitted with this form to an IRB member in your department or to [irb@louisiana.edu(](mailto:irb@louisiana.edu)if your department does not have an IRB Member.)

In making this request for a delegated IRB review, I certify that

I, as faculty member, have completed the **Basic Human Subjects Research** training through CITI as required by the UL Lafayette IRB.

All students have completed the **Undergraduate Training on Human Subjects Research** through CITI as required by the UL Lafayette IRB.

I, as faculty member, have read and understood the guidelines and procedures developed by UL Lafayette IRB for the protection of human subjects and will comply with both the letter and the spirit of the University's policies.

To the best of my knowledge, the class projects submitted in this packet are exempt from the regulations.

Subjects will not be placed at risk greater than normal daily activities for the average person.

The research project(s) do NOT involve deception.

No external grant money is used to conduct the research project(s).

None of these projects will be used in a dissertation/thesis/conference presentation/publication.

I, as faculty member, acknowledge my responsibility to request approval for any significant changes in any of these projects prior to implementing the change.

By checking this box, I, type faculty sponsor name, am hereby signing my name.   
Date:

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**II. To Be Completed by IRB Delegate:**

These proposed projects have been reviewed and approved by Departmental Delegates of the UL Lafayette IRB for compliance with the Code of Federal Regulations 45 CFR 46, Protection of Human Subjects and as amended.

Evidence of education on Protection of Human Subjects of Research was presented by the researcher(s).

By checking this box, I, type delegated reviewer name, am hereby signing my name.   
Date:

**III. Contact the IRB member in your department to determine the best method of transmittal.**

**Find your departmental IRB member** [**here**](https://vpresearch.louisiana.edu/research-compliance/institutional-review-board/irb-members-available-delegated-review-approval)**.**

**Please list students and their project titles below.**

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| **Student Name** | **Title** | **IRB Determination Number** |
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