

New or Continuation

**STUDENT
PROTOCOL APPROVAL FORM
RESEARCH INVOLVING HUMAN VOLUNTEERS
San Francisco State University**

All research involving human subjects proposed by faculty, staff, or students must be reviewed and approved by the Institutional Review Board (IRB) at SF State. This Protocol Approval Form (PAF) is required for all human research protocols.

In all cases, **research must not proceed** until you receive the final approval notice from the office of Human and Animal Protections (HAP). Please leave adequate time for the processing and approval cycle.

Please list your SF State email address below where you will receive communications regarding revisions and final approval from our office.

This Protocol Approval Form must be submitted with a complete protocol, informed consent(s), and any other study related documents by email to protocol@sfsu.edu or in person to ADM 469. Phone: (415) 338-1093. Fax: (415) 338-2493.

Document templates and samples may be found at the ORSP-HAP website at <http://research.sfsu.edu/protocol>.

Date: _____

Title of Research: _____

Name of Researcher: _____ Phone Number: _____
Last Name First Name

Department: _____ SF State E-mail Address: _____

There is a Co-Principal Investigator on this project, who is: _____
Name, Academic Rank, Affiliation, E-mail Address

Signature Date

Is the project funded? _____ If yes, by whom? _____

Type of research: Culminating Exp. Course (e.g., 895,898) ___ Class Project (e.g., 571) ___ Other Student Research (e.g., 699, 899) ___

(Student's Signature) (Date) Graduate or Undergraduate Student ID #

APPROVALS: The signatures below must be from **two separate faculty members**. The Co-Principal **cannot** sign as the Department Chair/Designated Colleague.

As the Faculty Advisor/Sponsor, I certify that I have reviewed this protocol and determined that it is ready for submission. I affirm the merit of the research and the competency of the investigator to conduct the research project.

(Signature of Student's Supervisor) (Date) Name and Academic Rank
SF State E-mail Address: _____

(Signature of Department Chair, Graduate Coordinator, or Designated Colleague) (Date) Name and Academic Rank
SF State E-mail Address: _____

Review Categories: For Office Use Only

- Approved as Expedited
- Approved at a convened meeting

(Chair, IRB) (Date)

Modification ___ Approved (date) Modification ___ Approved (date)