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 Office of Research and Sponsored Programs - Human and Animal Protections (HAP) or the Institutional Review Board (IRB) for SFSU. The Protocol Approval Form (PAF) is required for all research protocols.

In all cases, research must not proceed until approved by HAP. The total review process for non-exempt protocols which require full committee review can take up to 12 weeks. Exempt protocols, which are reviewed in the Office, can take from 2 to 8 weeks. Please leave adequate time for the revision cycle.

All communication from HAP will be conducted by email from the protocol@sfsu.edu address. Please list an email address that you check regularly. Notice of requested revisions and final approval will be sent to that address.

The PAF must be filed with a complete protocol statement, informed consent(s), and any related documents, at the Grad Stop counter, ADM 250, SFSU or by email to protocol@sfsu.edu. 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.

Title of Research: ___________________________________________________________

Name of Researcher: _______________________________________________________

Department: _______________________________________________________________

Phone Number: _____________________________________________________________

E-mail Address: _____________________________________________________________

□ There is a Co-Principal Investigator on this project, who is:

Name, Academic Rank, Affiliation, E-mail Address:

________________________________________________________

Signature

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, if Student Research)

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)

Name and Academic Rank

E-mail Address:

(Signature of Department Chair, Graduate Coordinator, or Designated Colleague)

Name and Academic Rank

E-mail Address:

Review Categories: For Office Use Only

☐ Approved as Exempt  ☐ Approved as Minimal Risk

☐ Approved as Expedited  ☐ Approved as More than Minimal Risk

☐ Not Approved

(Chair, IRB) (Date)

☐ Modification ___ Approved (date)

☐ Modification ___ Approved (date)

Rev – 9/12/12

□ New  or  □ Continuation