## Adams State University

Request to ob	tain approval for the use of human participants	
Date:		
То:	(Insert current Chair of IRB's name) ASU Institutional Re	eview Board
From:		
Subject:		
(a) Respo	onsible Faculty Member: (Name and on campus contact i	nfo)
(b) Other	rs in Contact with Human Participants: (Including resear	rch assistants)
(c)	The title of the research:	
(d)	Objectives of the research: (Background description of the research)	
(e)	<u>Methods of procedure</u> : (A copy and/or description of all measures must be attached)	
(f)	<u>Protection Measures</u> : (All protection methods should be outlined)	
(g)	<b>Consent:</b> (Copy of consent form must be attached. Assent form also if the population involved is unable to provide consent)	
(h)	<b>Changes:</b> (A description of how the researcher will address the research. Basically say that you will contact the IRB in the needed paperwork).	_
Name and Sig	gnature of Department Chair or Appropriate Person	Date
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Name and Sig	enature of IRB chair	Date