

Hastings College Committee for Human Subjects Research

Signature Page

1. Project title:
2. Name of Principal Investigator:
3. Date: 02/15/2023
4. If student research, name of faculty supervisor:

Signature of Principal Investigator

Date _____

Signature of Faculty Supervisor

Date _____

My signature above indicates that I have read and reviewed the proposal and have checked its contents with CHSR Guidelines. By signing this page, I agree to inform CHSR of any changes made to the approved protocol. Additionally, I agree that the study or experiment will only commence contingent on CHSR approval and/or to discontinue data collection until changes are approved.

CHSR Response

HC CHSR number _____

- ___ 1. This research project is approved as Exempt from Review.

Date _____ CHSR Chair signature _____

- ___ 2. This research project is forwarded for Expedited Review and

___ Approved

___ Not approved. Revision and resubmission is required.

Date _____ CHSR Chair signature _____

Expert Reviewer signature _____

(_____)

- ___ 3. This research project is forwarded for Full Committee Review and

___ Approved

___ Not approved. Revision and resubmission is required.

Date _____ CHSR member signatures _____

