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**Institutional Review Board (IRB)**

**EXEMPTED STUDENT PROJECT FORM**

S*tudents are required to complete this form (Section A).*

*Instructor/professor requiring the class project are asked to approve the project (Section B).*

SECTION A: To Be Completed by Student

*Please complete in font Times New Roman 12.*

*Please check that you have completed all the following before submission to the IRB.*

Last Name/s:

First Name/s:

IIRP Student ID/s:

Email:

Telephone/Cell:

PHRP Certificate Number:

Date Issued:

IIRP Graduate Course Code: RP

Duration of Course:

Name of Supervisor (Instructor/Professor):

Project Topic:

Targeted Subjects:

Setting/Agency Used:

Restorative Process to be Applied:

I HEREBY DECLARE THAT THE ABOVE FACTS ARE CORRECT. I ACKNOWLEDGE THAT:

(1) I have a current PHRP certificate protecting human participants.

(2) I have the responsibility to determine that the project is being or has been conducted.

I will adhere to the Institution’s Research Ethics Policy as it relates to my project.

Signature of Applicant:

Date:

# SECTION B: To be completed by Course Faculty

Full name of Course Faculty of Record:

This research project has been reviewed and complies with the IIRP Graduate School ethical policies
and HHS regulations (45 CFR 46) as documented.

 I approve the proposed project.

Signature of Course Faculty of Record:

Date: