

Registration/Approval of Thesis Proposal (Form Must Be Typed)

Applicant Information					
Banner ID#:		Date:			
Applicant Name:					
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Degree:					
<input type="checkbox"/>	M.A.	<input type="checkbox"/>	M.S.	<input type="checkbox"/>	MBA
<input type="checkbox"/>	M.Ed.	<input type="checkbox"/>	Ph.D.	<input type="checkbox"/>	DNP
Field of Study:				Expected Date of Graduation:	
Department:				College:	
TITLE OF THESIS (Required):					

STATEMENT FOR THE SUBR GRADUATE SCHOOL – IRB REGISTRATION FORM

Approval by the IRB Chair to conduct the study **MUST** be obtained prior to submitting this form to the Graduate School and collecting data.

Directions:

With respect to the purpose of the study, put an “X” in the appropriate blanks below. If “Yes” is indicated for any question, contact **Dr. Reginald Rackley, Department of Psychology, Southern University- Baton Rouge, LA 70813-1241**, (Voice: (225) 771-2290; Facsimile – (225) 771-2082; E-Mail: reginald_rackley@subr.edu) to obtain information regarding the procedure for obtaining review and approval of the study by the appropriate SU-BR research-risk committee. Note that obtaining such approval, depending on the nature of the study, may involve several days or weeks.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does this study involve the use of human subjects or the collection of private information from a database or files? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does this study involve the use of animals? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does this study involve the use of biohazards? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does this study involve the use of recombinant DNA? |

CHAIR, IRB Research Risk Committee (if applicable) *Date*

Student's Signature *Date*

We, the undersigned, hereby certify that we have reviewed and approved the topic/title and proposal submitted by the above-named student. (PLEASE TYPE IN ALL NAMES).

NAME : Date
Faculty Advisor

NAME : Date
Department Chairperson/Program

NAME : Date
College/School Dean

NAME: Dr. Doze Y. Butler Date
INTERIM DEAN, Graduate School