Graduate School
Southern University and A&M College
Baton Rouge, Louisiana

Registration/Approval of Final Project/Report Proposal (Form Must Be Typed)

Applicant Information							
Banner ID#:					Date:		
Applicant Name:							
	Last				*First*		*M.I.*
Degree:							
☐	M.A.	☐	M.S.	☐	MBA		
☐	M.Ed.	☐	Ph.D.	☐	DNP		
Field of Study:					Expected Date of Graduation:		
Department:					College:		
TITLE OF FINAL PROJECT/REPORT (Required):							

STATEMENT FOR THE SUBR GRADUATE SCHOOL – Institutional Review Board (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 SUBR research-risk committee. Note that obtaining such approval, depending on the nature of the study, may involve several days or weeks.

☐**YES** ☐**NO** **Does this study involve the use of human subjects or the collection of private information from a database or files?**

☐**YES** ☐**NO** **Does this study involve the use of animals?**

☐**YES** ☐**NO** **Does this study involve the use of biohazards?**

☐**YES** ☐**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: Date
Dean of The Graduate School