

Middle Georgia State University  
IRB Form

Before completing this form, you should review the Principal Investigator's Manual. This document also includes further information regarding completion of the forms and the timeline for turning in materials and checking on the status of your proposal.

Please submit all materials electronically to the Chair of the IRB. Proposals which require Full review must be submitted on or before the 15<sup>th</sup> of the month in order for the proposal to be on the agenda for consideration during the next month's meeting, excluding December and May. (For example, a proposal submitted by the 15<sup>th</sup> of September would be reviewed in the October meeting). Principal Investigators will be informed of the status of their proposal by the last workday of the month in which it was reviewed. Please direct any further questions to the Chair of the IRB, at [irb@mga.edu](mailto:irb@mga.edu).

**Submission Checklist:**

1. \_\_\_\_\_ Middle Georgia State University IRB form (this one)
2. \_\_\_\_\_ Consent Form
3. \_\_\_\_\_ Assent Form [if participants are between 7-17 years of age]
4. \_\_\_\_\_ Copies of Surveys, Tests, Questionnaires, etc. [if applicable]
5. \_\_\_\_\_ Detailed Research Methodology [at least one page minimum]
6. \_\_\_\_\_ Copy of Grant Proposal (if project is funded or seeking  
funding, whether on or off campus)
7. \_\_\_\_\_ Extenuating circumstances documentation

Principal Investigator \_\_\_\_\_

Date \_\_\_\_\_

This Project qualifies for: (*circle or highlight one*)

Exempt Review

Expedited Review

Full IRB Review

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1. Project Title: \_\_\_\_\_

2. Source of Funding (if any) \_\_\_\_\_

3. Dates of proposed project (please take into consideration IRB review timelines as dates cannot be retroactive):

From: \_\_\_\_\_ To: \_\_\_\_\_

4. Describe the Scientific Purpose of the Investigation:

5. Describe the research methodology in non-technical language (the IRB needs to know what will be done with or to all research participants):

6. What are the potential benefits of this research (either directly to the participants, or to the body of knowledge being researched):

7. What are the anticipated risks (risks include, physical, psychological, or economic harm; be certain to describe the steps taken to protect participants from these risks).

8. Describe how participants will be recruited (must include total number and age of all participants to be recruited and any compensation participants will be provided):

9. Describe why it is necessary that the Primary Investigator(s) and/or Supervisor know the identity of the participants (**not required for Exempt Reviews**):

10. The principal investigator must comply with all USG mandated data governance policies. Describe how data collected for this project will be securely stored and how and when it will be destroyed:

11. Describe the informed consent process:

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12. Signature Page: An ***original*** of this page must be sent in hard copy to the Chair of the IRB. Applications will not be considered complete until this form has been received with all investigators signatures.

Project Title: \_\_\_\_\_

**Principal Investigator(s):**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

School/Dept: \_\_\_\_\_

School/Dept: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alt Ph#: \_\_\_\_\_

Alt Ph#: \_\_\_\_\_

**Faculty Supervisor:**

Signature: \_\_\_\_\_

School/Dept: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Degree: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Alt Ph#: \_\_\_\_\_