Attachment A – Application for University IRB Review

Date: Click or tap to enter a date.

**Principal Investigator / Project Director**

Name: Click or tap here to enter text. Applicant Status: Choose an item.

Person / Student ID Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

UWL employees only, list your department or office: Click or tap here to enter text.

* All student projects must have at least one faculty advisor who is listed on page 2.
* Graduate students completing a protocol for their thesis must list all of their thesis committee members.
* All advisors and Co-PIs/Co-PDs must be listed on page 2.
* Non-UWL affiliated PIs/PDs must include their phone number and institutional affiliation and the name, email, phone number, and institutional affiliation of all Co-PIs/Co-PDs in the email in which they send their protocol.

**Project Information**

Project Title (250 character maximum): 

Project Period

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Is this project federally funded or related to a federal grant that has been/will be submitted?

No\*  Yes\*\*

**\*If no, skip to “Review Category”. (Most PIs/PDs will be selecting “No”.)**

\*\*If yes, answer the next two questions and complete Attachment B

To which federal agency has it been or will it be submitted? Click or tap here to enter text.

Compliance ID #, if known: Click or tap here to enter text.

**Review Category**

If researchers believe that their project may be reviewed under expedited procedures or falls within an exemptible category, please check and complete the appropriate boxes:

Expedited Indicate the category number(s) from p. 6-9 Click or tap here to enter text.

Exempt Indicate the category number(s) from p. 4-5 Click or tap here to enter text.

**Faculty Advisor(s) / Thesis Committee Members\*\*\*** check here for thesis project

\*\*\*all faculty advisors / thesis committee members must be listed on this form

Name: Click or tap here to enter text. Department/Office: Click or tap here to enter text.

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Name: Click or tap here to enter text. Department/Office: Click or tap here to enter text.

Name: Click or tap here to enter text. Department/Office: Click or tap here to enter text.

**Co-PIs / Co-PDs** List name and Student ID or UWL Department/Office.

Name: Click or tap here to enter text. ID or Dept/Office : Click or tap here to enter text.

Name: Click or tap here to enter text. ID or Dept/Office : Click or tap here to enter text.

Name: Click or tap here to enter text. ID or Dept/Office : Click or tap here to enter text.

Name: Click or tap here to enter text. ID or Dept/Office : Click or tap here to enter text.

Name: Click or tap here to enter text. ID or Dept/Office : Click or tap here to enter text.

Other Co-PIs / Co-PDs List name and Student ID or UWL Department or UWL Office.



**SIGNATURE**

By typing my name below, I agree to comply with any decisions made by the University of Wisconsin-La Crosse IRB in regard to the above named research project and the standards of professional ethics in my field of study.

Name: Click or tap here to enter text. Date: Click or tap to enter a date.

**NOTE**

You must copy all faculty advisors, thesis committee members, co-PIs, and co-PDs on the email in which you submit your IRB protocol.

BEGIN YOUR NARRATIVE STATEMENT ON PAGE 3.

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NARRATIVE STATEMENT