



Palm Beach Atlantic University
Faculty Research Council
Office of Academic Research
Institutional Review Board
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REQUEST FOR REVIEW OF HUMAN SUBJECTS RESEARCH
Cover Form
(Student Form)

(97.9-3)

Primary Investigator Phone

Co-PI(s) Phone

Phone

Phone

Supervising Faculty Member Phone

Department(s)

Title of Research Project

APPROVED AS IS _____ APPROVED WITH COMMENTS _____

DISAPPROVED _____ REVIEW NOT APPLICABLE

COMMENTS:

CHAIR, IRB DATE

MEMBER, IRB DATE

MEMBER, IRB

DATE