

**APPLICATION FOR PROJECT APPROVAL
ADVISORY COMMITTEE ON HUMAN EXPERIMENTATION**

1. Name _____
2. Department _____
3. Campus mailing address _____
4. Name of Faculty Supervisor _____
5. Title of Research Project _____

6. Proposed dates of research _____

7. Please answer the following questions with regard to the proposed research

Does the research involve:	Yes	No
a. Use of drugs or any other controlled substance	_____	_____
b. Mechanical or electrical devices applied to subjects	_____	_____
c. Psychological or physical stress	_____	_____
d. Deception	_____	_____
e. Subjects who would be judged to have limited freedom or judgment (e.g., minors?)	_____	_____
f. Any procedure or activities that might place the subjects at risk (psychological, physical, or social?)	_____	_____
g. Use of interviews, surveys, questionnaires, audio or video recordings?	_____	_____

8. Approximate number of subjects to be involved in research _____

ALL APPLICATIONS SUBMITTED TO THE COMMITTEE FOR REVIEW MUST BE SIGNED BY ALL INVESTIGATORS. IF THE APPLICATION IS SUBMITTED BY A STUDENT, BOTH THE STUDENT AND THE FACULTY MEMBER SUPERVISING THE RESEARCH ACTIVITY MUST SIGN THE APPLICATION.

Certification

I am familiar with the policies and procedures of Knox College regarding use of human subjects in research. I subscribe to the standards and will adhere to the policies and procedures of the Advisory Committee on Human Experimentation. I am familiar with the published guidelines for the ethical treatment of subjects associated with my particular field of study (e.g., as published by the American Psychological Association, American Sociological Association, etc)

Student signature

Faculty signature