

South Georgia College  
IRB Form

Before completing this form it is strongly encouraged that you review the Principal Investigator's Manual. Further information regarding completion of the forms and the timeline for turning in materials and checking on the status of your proposal is available via the IRB webpage. Please direct any further questions to the Chair of the IRB.

Please submit all materials electronically to the Chair of the IRB committee. The completed IRB packet must be submitted by the 1st business day of the month for consideration of the full IRB.

**Submission Checklist:**

1. \_\_\_\_\_ South Georgia College IRB form
2. \_\_\_\_\_ Consent Form (if needed)
3. \_\_\_\_\_ Assent Form [if participants are between 7-17 years of age]
4. \_\_\_\_\_ Copies of Surveys, Tests, Questionnaires, etc. [if applicable]
5. \_\_\_\_\_ Copy of Grant Proposal (if project is funded or seeking funding, whether on or off campus)
6. \_\_\_\_\_ Extenuating circumstances documentation (if needed)

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 (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. 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#: \_\_\_\_\_