



**HANDWRITTEN SUBMISSIONS ARE NOT ACCEPTED**

## USM STUDENT CLASSROOM PROJECT FORM

Instructions: Faculty instructors must complete this form for student classroom projects that involve data collected from human subjects. Data collected from human subjects includes data gathered by student interaction or intervention with a human subject. Please note: Student classroom research projects that include the collection of sensitive information and/or a special subjects population may require IRB review. The USM Assurance for the protection of human subjects prohibits the initiation of data collection with human subjects that has not been reviewed and approved, or exempted, by the IRB or its official designee.

| FACULTY MENTOR   |        |   |  |
|--|--------|---|--|
| Faculty Name:  | Email: | Campus Number: (    )   | Course Level:<br><input type="checkbox"/> Graduate Student<br><input type="checkbox"/> Undergraduate Student<br><input type="checkbox"/> Other |
| Department:  |        | Course Title:   | CRN Number :   |
| <b>1. Have you submitted this Course previously for review*</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>*If "Yes", please write the original IRB number assigned to your Course:   |        | <b>2. Do you intend to share the results of the project outside of the classroom?*</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>*If "Yes", please explain:   |  |
| <b>3. Special Populations:</b><br><input type="checkbox"/> Minors (under 18)<br><input type="checkbox"/> Pregnancy Women<br><input type="checkbox"/> Prisoners<br><input type="checkbox"/> Physically or mentally Challenged<br><input type="checkbox"/> Diminished Capacity to give informed consent. |        | <b>4. Categories of Sensitive Information (OHRP, DHHS):</b><br><input type="checkbox"/> Information relating to sexual attitudes, preferences, or practices<br><input type="checkbox"/> Information relating to the use of alcohol, drugs or other addictive products<br><input type="checkbox"/> Information pertaining to illegal conduct<br><input type="checkbox"/> Information that if released could reasonably damage an individual's financial standing, employability, or reputation within the community<br><input type="checkbox"/> Information that would normally be recorded in a patient's medical record and the disclosure of which could reasonably lead to social stigmatization or discrimination<br><input type="checkbox"/> Information pertaining to an individual's psychological well being or mental health<br><input type="checkbox"/> Genetic information |  |

| RESEARCH INFORMATION  |  |  |   |
|---|--|--|---|
| <b>1. As a result of participating in the study, are research subjects exposed to risk greater than that experienced in everyday life?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>2. Please include a copy of your <u>CITI on-line training Certificate</u></b> | <b>3. A faculty CV is required and is kept with individual research submissions. Please attach a copy of your faculty CV with each new classroom project submission.</b> | <b>4. Please include a copy of your course syllabus with each classroom project submission. Mail an electronic copy to <a href="mailto:usmirb@usm.maine.edu">usmirb@usm.maine.edu</a> and send your signed copy via inter-campus mail to our address below.</b> |

### SIGNATURE

|   |                              |              |
|---|------------------------------|--------------|
| <b>Signature of Faculty Instructor</b><br>The undersigned accepts responsibility for students' classroom projects related to the ethical conduct involved in research, including adherence to DHHS, FDA, and USM policies regarding protections of the rights and welfare of human subjects participating in data collection. |                              |              |
| <b>Print Faculty Name:</b>  | <b>Signature of Faculty:</b> | <b>Date:</b> |

\* You do not have to resubmit this form every semester/year, unless you have made changes to your course.

**Remember, even though you obtain general IRB approval for your classroom project, it still remains your obligation to follow all USM policy and procedures including internet securities, biosafety, and privacy.**

**Office of Research Compliance**

**Inter-Campus Mail:**

178 Science Bldg.  
Portland Campus

**Drop box**

Located at the entrance to the New Science Wing, across from room 178

**Questions? Please call: (207) 780-4268**

**E-mail: [usmirb@usm.maine.edu](mailto:usmirb@usm.maine.edu)**