



Faculty Research Council
Office of Academic Research
Institutional Review Board, LLG 456
PO Box 24708
West Palm Beach, FL 33416-4708
(561) 803-2463

INSTRUCTOR EXEMPTION FOR CLASS PROJECTS (06.1-3a)

Mail to the Above Address

Instructor Title & Name:

Campus Address:

Department:

Course Prefix & Number:

Course Title:

Telephone:

Email (REQUIRED):

1. NUMBER OF STUDENTS:

[Attach a list of the students involved with this class project]

2. DESCRIPTION OF CLASS ASSIGNMENT AS PRESENTED TO STUDENTS:

[Course syllabus and/or handouts may be attached]

3. DESCRIPTION OF PROCEDURES FOR MAINTAINING CONFIDENTIALITY:

Instructor's Signature: _____

Date: _____

By signing above, your signature indicates that you accept full responsibility for the assigned class projects conducted by the students enrolled in this course. It further attests that you are fully aware of all the procedures to be followed, will monitor the data collection, and will notify the IRB of any significant PROBLEMS that arise.