



Palm Beach Atlantic University
Faculty Research Council
Office of Academic Research
Institutional Review Board
PO Box 24708
West Palm Beach, Florida 33416-4708
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REQUEST FOR REVIEW OF HUMAN SUBJECTS RESEARCH
Cover Form

(Form St Cover2)

(Student Form)

Primary Investigator

Phone

Co-PI(s)

Phone

Phone

Phone

Supervising Faculty Member

Phone

Department(s)

Title of Research Project

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APPROVED AS IS \_\_\_\_\_ APPROVED WITH COMMENTS \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ REVIEW NOT APPLICABLE

COMMENTS:

\*\*\*\*\*

CHAIR, IRB \_\_\_\_\_ DATE

MEMBER, IRB \_\_\_\_\_ DATE

MEMBER, IRB \_\_\_\_\_ DATE