University of Puerto Rico at Mayagüez Comité para la Protección de los Seres Humanos en la investigación (CPSHI) Celis 108, (787) 832-4040 extension 6277

Request for Waiver of IRB Application Undergraduate Classroom Research Project Form

Fill **one** per individual or team project.

PART I. To be completed by Faculty teaching an undergraduate course that requires the student to develop and conduct a research project as a learning outcome. The assigned research project must meet the federal definition of research: "a systematic investigation, including research, development, testing and evaluation, designed to develop or contribute to generalizable knowledge".

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1. INSTRUCTOR INFORMATION					
Instructor's Name	Academic Title				
Department	Office Extension				
Email Address	Office Number				
Campus Address					
2. COURSE INFORMATION					
Course Title	Course Code				
Academic Year	Semester				

PART II. To be completed by the student developing and conducting a research project as a learning outcome.

IANIII	10 00 00	impleted by the student developing and conducting a research project as a real lining outcome.		
3. PRO	JECT INF	ORMATION		
Students'	' Full Nan	nes		
Project Title				
Purpose				
		SCRIPTION		
Procedur	es to pro	tect human subjects' confidentiality and minimize risk (or attach document).		
E MAZATI	VED DEO	HIDEMENT CHECKLICT		
5. WAIVER REQUIREMENT CHECKLIST This waiver cannot be granted if one or more of the items in the checklist is answered No.				
Tills walk	ver canno	TRAINING		
YES	NO	I KAINING		
I ES	NU	Fach of the undergioused has completed training on human subjects in research 1		
		Each of the undersigned has completed training on human subjects in research. ¹		
RESEARCH PROCEDURE				
YES	NO	Undergraduate classroom research project		
		involves no more than minimal risk to participants.		
		does not gather sensitive information.		
		does not handle confidential information.		
		does not involve vulnerable populations (45 CFR 46).		
		includes adequate provisions to protect the privacy of subjects.		
		includes adequate provisions to maintain the confidentiality of data.		
		does not involve deception.		
		does not involve photographic, audio or video recording.		
		There is no intention to disseminate outside the classroom or the University of Puerto Rico at Mayagüez.		
		The informed consent process complies with the elements as outlined in 45 CFR 46.116.		
		Each participant receives a copy of the informed consent form.		
		All subjects understand that their participation is voluntary.		
		All subjects understand their level of involvement in the research protocol.		
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¹ CITI programs (https://www.citiprogram.org/), NIH (http://phrp.nihtraining.com/users/login.php) or CPSHI training.

6. FACULTY ASSURANCE		
l,	_, certify that the above information is correct.	
Printed Faculty Full Name	Signature	Date
7. STUDENT ASSURANCE (Ea	ach student member of the research team must sign.)	
I,	_, certify the information provided is correct.	
Printed Student's Full Name	Signature	Date
I,	_, certify the information provided is correct.	
Printed Student's Full Name	Signature	Date
I,	_, certify the information provided is correct.	
Printed Student's Full Name	Signature	Date
I,	_, certify the information provided is correct.	
Printed Student's Full Name	Signature	Date
I,	_, certify the information provided is correct.	
Printed Student's Full Name	Signature	Date
Send signed form	and any attachment with the Classroom Project or Research Form	to <u>CPSHI@uprm.edu</u>
For IRB use only		
Received by:Printed Name	Signature	 Date