

For IRB Use Only

Log Number _____
Date Received _____

Millersville University of Pennsylvania
Institutional Review Board for the Protection of Human Subjects

Request for IRB Protocol Number for Pending Research

1. **Principal Investigator:**

Name: _____ Department: _____

Office Phone: _____ E-Mail: _____

2. **If student researcher:** Are you a _____ graduate or _____ undergraduate student
Expected date of graduation _____

3. **Co-investigator** (or thesis committee chair, advisor; use second sheet for additional names):

Name: _____ Department: _____

Office Phone: _____ E-Mail: _____

4. **Project Title:** _____

Expected dates research to be conducted: From: _____ To: _____

5. **Proposed Project Funding Source:** Check as many as apply:

_____ Extramural Grant: Agency name: _____

_____ MU Grant

_____ Non-funded

_____ Other (describe): _____

If applicable, grant application deadline or date of submission _____

6. **Assurances:**

I agree to comply with applicable university policy and file a formal IRB protocol should this research project for which I am seeking an IRB protocol number be implemented in the future, regardless of funding source. I understand that I cannot initiate any research with human subjects before I have received formal approval from the IRB.

Signature of Principal Investigator/Program Director

Date

Please forward completed form to:

Office of Graduate Studies and Research, Lyle Hall #231, Millersville University, PO Box 1002,
Millersville, PA 17551 or fax to 717-872-3453