
Attn: Provost office

Describe who will participate in the research and how they will be recruited and if they will be compensated in any way.

Specifically describe what the participants will do and where the activities will take place. Outline the approximate dates and durations for specific activities, including the total number of treatments, visits, or meetings required and the total time commitment ufsd dtlin58s,-1.2 (s-4.1 ()0.7 (p))-3.4 (e)-4.1 (n-11.3 .7 ()0.w7 (0)-1.5 (o)0

Describe when and where voluntary consent will be obtained, how often, by whom, and from whom. Attach copies of all consent and assent forms.

Describe any funding sources for your study

I certify that the project described above, to the best of my knowledge, qualifies as an exempt study. I agree that any changes to the project will be submitted to the Institutional Review Board for review prior to implementation. I realize that some changes may alter the exempt status of this project.

_____ Date _____
Principal Investigator

_____ Date _____
Co-Investigator

_____ Date _____
Project Supervisor

_____ _____
_____ _____