

**The Catholic University of America**

**Committee for the Protection of Human Subjects (CPHS)**

**APPLICATION FOR HUMAN SUBJECTS PROTECTION REVIEW**

**Please Check One: Faculty Staff  Student**

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter a date. |
| ***Principal Investigator’s Name*** |  | ***Date*** |
| Choose an item. |  | Choose an item. |
| ***School*** |  | ***Department*** |

***Title of Study***

|  |
| --- |
|  |

***Faculty Advisor (If Student PI)* FWA00004459**

1. **Category of Research (*please check one*):**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Classroom Project** |  | **Name of Class** |  |
| 1. **Dissertation Project** |  | **Degree Program** |  |
| 1. **Faculty/Staff/Other Project** |  | **Field of Research** |  |

1. **TYPE OF REVIEW (*please select one*):**

**Review for Exemption**

**Full Review**

1. **ATTACHMENT:**

* **Please include your “Proof of Human Subjects Training” with this application.**

***Submit this completed form to:***

***Office of Sponsored Programs and Research Services***

***213 McMahon Building***

***Albano@cua.edu***