

 **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***