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| **Request for Class Project Waiver of IRB Application** |
| **Instructor Name and Title** | Click or tap here to enter text. |
| **Department** | Click or tap here to enter text. |
| **Email** Click or tap here to enter text. | **Office Phone** Click or tap here to enter text. | **Campus Address** Click or tap here to enter text. |
| **Course Number and Title** | Click or tap here to enter text. |
| **Semester/Year** | Click or tap here to enter text. **/** Click or tap here to enter text. |
| **Describe class assignment (or attach syllabus or class handouts highlighting relevant parts).**Click or tap here to enter text. |
| **Describe procedures for maintaining confidentiality, minimizing risk, and monitoring the research.** Click or tap here to enter text. |

Waiver Requirement Checklist

[ ]  **No publication and no presentation outside of the University.**

[ ]  **No use of subjects under the age of 18 or vulnerable populations (prisoners, non-English-speaking persons, persons lacking capacity to give informed consent such as mentally disabled or under the influence of drugs or alcohol).**

**\*\*\*Exception for subjects under 18:** Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as: research on regular and special education instructional strategies, or research on the effectiveness of, or the comparison among instructional techniques, curricula, or classroom management methods.

[ ]  **Risk is not more than “minimal.”**

“Minimal risk” is when “the probability and magnitude of harm or discomfort in the research are not greater in and of themselves that those ordinarily encountered in daily life or during the performance of routine physical or psycho­logical examinations or tests.”

[ ]  **No use of deception (including omission of information or misleading instructions).**

[ ]  **Videotaping may exceed minimum risk. Any use of videotaping must be approved by IRB on a case-by-case basis.**

[ ]  **All students will complete human subjects research training at** [**https://www.research.olemiss.edu/ACITI/**](https://www.research.olemiss.edu/ACITI/)**.**

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**I accept primary responsibility for ensuring the rights and welfare of the human subjects and to:**

* **Train students in the proper conduct of research and the protection of human subjects;**
* **Review *Student*** [***Class*** ***Project Applications***](https://www.research.olemiss.edu/sites/default/files/ClassProject_Student_Application.docx)**, determine if each project qualifies for a waiver, and require a standard IRB application if it does not;**
* **Ensure that students get written informed consent from subjects and assent from children when applicable;**
* **Review all methods and instruments used in each project;**
* **Document that students receive permission to conduct research at institutions/places other than The University of Mississippi;**
* **Monitor the research and inform the IRB immediately of any significant problems that arise.**

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| [ ] By checking this box I certify that the information provided in this Classroom Project Waiver is complete and correct. As Principal Instructor I have the responsibility for the protection of the rights and welfare of the human participants, conduct of the research, and the ethical performance of the projects. **DATE:**  Click or tap to enter a date. |

**Upload this form with syllabus and any other relevant attachments via the online submission portal:** <https://research.olemiss.edu/irb/protocol>

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| **For IRB office use *only*:**[ ]  **APPROVED:** **This signifies notification of IRB APPROVAL of the Classroom Project Waiver described above.**   Click or tap here to enter text. Click or tap to enter a date. **IRB REVIEWER DATE**  **CPW** Click to enter text |