

University of La Verne
Institutional Review Board (IRB)
For The
Protection of Human Participants in Research

Faculty Advisor/Instructor Form for IRB for
Class Projects (All Levels) and Undergraduate Research/Senior
Projects

To: University Institutional Review Board for the Protection of Human Participants

From: Faculty Supervisor:

Department/Program:

College or School:

- College of Arts and Sciences
- College of Business and Public Management
- College of Education and Organizational Leadership
- College of Law

Telephone Extension:

E-mail address (required):

Name of Student(s). Indicate if the study or research is a project for the whole class:

Course:

Title of Project:

Type of Project:

- Senior Project/Research
- Class Project

My signature below certifies that I, as faculty advisor or instructor:

Reviewed the Application for IRB Approval of Research Protocol for the abovementioned

Senior Project and found it compliant with IRB standards.

Reviewed the above-mentioned Class Project/Research and found it compliant with IRB standards.

Faculty Supervisor Signature _____

Date _____

Faculty Name (please print) _____

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