Westchester Community College

Human Subjects Review Form

Study Title: _____________________________________________________________

Date of Request: _______________________________________________________

Project Director(s): _____________________________________________________

Contact Information: phone (note if office, home or cell) ____________________

Address: __________________________________________________________________

Proposed Project Dates: __________________________________________________________________

Location of Project: __________________________________________________________________

Please answer the questions below and return this form to Dr. Ruben Barato, Associate Dean of Student Life, Student Center, Room 203:

I. Project Information
   A. Project Activity Status:
      □ New Project
      □ Periodic Review of Continuing Project
      □ Revision to Previously Approved Project

   B. This project involves Westchester Community College students:
      □ Yes □ No

   C. Human Subjects from the following populations will be involved in this study:
      □ Minors □ High School Students
      □ Mentally Disabled □ Prisoners
      □ Elderly □ None of the above

   D. Total number of subjects to be studied: ________________________________
II. **Abstract Describing Project and Purpose** (Include a description of all experimental methods to be used and design and program activities; what measures or observations will be taken in the study? If any questionnaires, tests or other instruments are to be used include a brief description and a copy of such instrument.)

III. **Protocol** (Who will be the research subjects? How will they be solicited or contacted? Include any recruitment letters or other recruitment materials with this document; How much time will be required of each subject? Describe procedures to which humans will be subjected – use additional pages if necessary)

IV. **Precautions** (What steps will be taken to insure that each subject’s participation is voluntary? What, if any, inducements will be offered to the subjects for their participation?)

V. **Confidentiality of data** (Describe the methods to be used to ensure the confidentiality of data obtained, including plans for publication, disposition or destruction of data, etc.)

VI. **Consent** (Attach a copy of all consent forms to be signed by the subjects and/or any statements to be read to the subject)

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*I certify that the protocol and method of obtaining informed consent as approved by the Westchester Community College Institutional Review Board will be followed during the period covered by this research project. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation.*

________________________________________  ________________________________
Date                                    Project Director