

ATTACHMENT A:

(For Students, use Attachment C)

ADDITIONAL INVESTIGATORS AND KEY PERSONNEL

Fill out this section if additional investigators will work on this project. Attach additional pages as necessary.

1. ADDITIONAL INVESTIGATOR/KEY PERSONNEL

Check one:

Faculty; Staff; Other _____

Name: (Last) _____ (First) _____

Department: _____

Telephone# _____ E-Mail: _____

By signing below, I certify that I have undergone training in basic human subject's protections and will conduct my work on this project according to established ethical principles and the protocol contained in this application.

Signature: _____ Date: _____

Department Chair: _____ Date: _____

Check one:

Faculty; Staff; Other _____

Name: (Last) _____ (First) _____

Department: _____

Telephone# _____ E-Mail: _____

By signing below, I certify that I have undergone training in basic human subject's protections and will conduct my work on this project according to established ethical principles and the protocol contained in this application.

Signature: _____ Date: _____

Department Chair: _____ Date: _____