

Exempt Research Application Form

All Instances

Protocol Information



Principal Investigator (PI) Name:*

Which of the following are you?*

- Undergraduate Student
- Graduate Student
- Faculty/Staff Member

Principal Investigator (PI) Fairfield Faculty e-mail:*

Protocol Title:*



Co-PIs: Please list all Co-PIs' Names, Titles, and Affiliations.

Add Another

External PIs: Please list all External PIs' Names, Titles, and Affiliations.

Add Another

Research Associates: Please list all Research Associates' Names, Titles, and Affiliations.

Add Another

Research Start Date:*

(Estimated) Research End Date:*

Funding Source:

Review Type Selection



For which type of review would you like to submit this research protocol?*

- Expedited Review
- Full Board Review
- Quality Improvement
- Delegation to External IRB
- Exemption from IRB Review

Possible Exemption Designation #1

With which of the following is your research involved?*

Established or commonly accepted education settings and normal education practices. [CFR 46.101(b)(1)]

What type(s) of activities will be used? (Check all that apply.)*

- Research on regular and special education instructional strategies.
- Research on the effectiveness of instructional techniques, curricula, or classroom management methods.
- Research comparing instructional techniques, curricula, or classroom management methods.

Regarding your activities response above, please select one of the following:

- The research involves (additional) activities other than those listed above.
- The research does not involve (additional) activities other than those listed above.

Clearly state the purpose of the study.*

Describe the research procedures and who will be included in the study as participants.*

Possible Exemption Designation #2

With which of the following is your research involved?*

Tests, surveys, interviews, or observation of public behavior. [CFR 46.101(b)(2)]

What type(s) of instruments/activities will be used? (Check all that apply.)*

- Educational tests (cognitive, diagnostic, aptitude, achievement)
- Questionnaire/Survey
- Interviews
- Observation of public behavior

Please review the following conditions and answer accordingly:*

A) Information will be recorded in a manner that participants can be identified. (Name, social security number, license number, phone number, e-mail address, photograph.)

B) The disclosure of information obtained would put participants at risk for civil or criminal liability or damage to their financial standing, employability, or reputation. (Drug or alcohol use, criminal or other illegal activity.)

C) Participants include those under the age of 18 years old.

- Situation 1: In terms of my research, both A and B are true.
- Situation 2: In terms of my research, both B and C are true.
- Neither Situation 1 or 2 apply to my research.

Clearly state the purpose of the study.*

Describe the research procedures and who will be included in the study as participants.*

For studies using questionnaires, surveys, and/or interviews: Provide a description, example questions, and/or file uploads for the documentation you plan to use.

Upload Document

Possible Exemption Designation #3

With which of the following is your research involved?*

The collection or study of existing data, documents, records, or specimens. [CFR 46.101(b)(4)]

What will be collected or studied? (Check all that apply.)*

- Existing Documents
- Existing Data
- Existing Records
- Existing Pathological Specimens
- Existing Diagnostic Specimens
- My research involves collecting (additional) data of types not listed above.

In regards to data collected for your research:*

- A) The information is publicly available.
- B) The information will be recorded in a manner that research subjects cannot be identified directly, or through identifiers linked to the subjects.
- Both A and B are true.
- Neither A or B are true.

Clearly state the purpose of the study.*

Possible Exemption Designation #4

With which of the following is your research involved?*

Public officials, public benefits/services evaluation, or consumer taste/food quality evaluation. [CFR 46.101(b)(3,5,6)]

Clearly state the purpose of the study.*

Describe the research procedures and who will be included in the study as participants.*

Explain how your study meets [CFR 46.101(b)(3,5,6) exemption criteria.*

General Upload/Info Area



If you would like to include a message to the Chair with your initial application submission, please type it here:

Please use this box to respond to any application comments and/or requests from the IRB:

Please upload any additional documentation having to do with this protocol application here:

[Upload Document](#)