

Institutional Research Review Board

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211

Research Review Notification

The following is to be filled out by the principal investigator of the proposed study.

Researcher(s) involved with proposed study:

Date: _____

Address of principal investigator:

Title of proposal:

Type of Review: Exempt Expedited Full

The decision of the Committee is as follows:

Approved

Approved with the following recommendations/comments:

Disapproved with the following comments:

Reviewer(s) Signature(s):

Chair, IRB

Date

Vice President for Academic Affairs

Date

Cc : Department Chairperson and Dean/Divisional Vice President