**For MUIRB use only:**

Full Board [ ]

Exempted [ ]

Expedited [ ]

Proposal No. \_\_\_\_\_\_\_\_\_\_\_\_\_

**Majmaah University Institutional Review Board**

Name of Principal Investigator in English (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator in Arabic (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_

Status: ☐Faculty ☐Student ☐Staff ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Study in English (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Study in Arabic (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| If the PI is a student, please provide the following information for the faculty advisor:Name of advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Estimated beginning date of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated duration of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Project: ☐Faculty Research ☐Dissertation ☐Thesis ☐Pilot

 ☐Professional Paper ☐Class Project ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Research: ☐Medical (☐ Clinical Trials- ☐Observational- ☐Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 ☐ Non-Medical (☐ Financial- ☐Administrative- ☐Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Is your research funded by a research funding organization? ☐Yes ☐No

If yes, please provide the following information:

Name of the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHODOLOGY:**

1. **Purpose of the study.**
2. **Participant information:**
	1. **Description of participants**
	2. **Number of participants**
	3. **Age of participants**
	4. **Gender of participants**
3. **Participants recruitment process. (Attach any recruitment materials).**
4. **Research Procedures.**
5. **Time commitment for participants.**
6. **Site and location of the study.**
7. **Potential risks to the human subjects involved in this study.**
8. **Please, provide a list of all research team members (other than the principal investigator and faculty advisor)**

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| **Signatures (Type your name is not acceptable):****Principal Investigator (PI):** Signature that certifies that the investigator has primary responsibility for all aspect of the research project.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Investigator Date**Faculty Research Advisor (Student Research Only):** Signature that certifies that the faculty member has read, reviewed, and approved the content of the application and is responsible for the supervision of this research project.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Faculty Research Advisor Date**Department Chair:** Signature that certifies that the faculty member has read, reviewed, and approved the content of the application.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair Date |