

Signature Page IRB Exempt Registration

Principal Investigator: _____

Email: _____

Faculty Supervisor: _____

Course: _____

Title of your project: _____

IRB Project ID: _____

Project Eligibility for Exemption: I have worked through the checklist and verified that my project is eligible for Exemption under the following Category(ies):

- Exempt Category 1—Educational Exemption**
- Exempt Category 2—Survey, Interview or Observation of Public Behavior**
- Exempt Category 3—Benign Behavioral Intervention**
- Exempt Category 4—Secondary Use**
- Exempt Category 5—Federally Supported Research**
- Exempt Category 6—Taste and Food Quality**

PRINCIPAL INVESTIGATOR, CO-INVESTIGATORS, COOPERATING DEPARTMENTS, COOPERATING INSTITUTIONS: If there are multiple investigators, please indicate only one person as the principal investigator; others should be designated as co-investigators here. The **Principal Investigator and Co-investigators should sign here, pledging to conform to the statements made on this form.**

Have you completed and submitted your Human Research Subject Training?

Yes No

Principal Investigator: _____

Signature: _____

Co-Investigator: _____

Signature: _____

Co-Investigator: _____

Signature: _____

Co-Investigator: _____

Signature: _____

Co-Investigator: _____

Signature: _____