



UNITED TRIBES
TECHNICAL COLLEGE

3315 University Drive
Bismarck, North Dakota 58504
701-255-3285

United Tribes Technical College
Institutional Review Board for the Protection of Human Subjects
Cover Sheet
Form A

Project Title: _____

Principal Investigator (PI): _____

Address: _____

Email: _____ Phone: _____

PI Status: ☐ Faculty ☐ Staff ☐ Student ☐ Other (specify)

If Other, please explain why UTTC IRB approval is required:

Additional Investigators and Affiliations (for students, this will include Faculty Sponsor):

Project Description:

Anticipated Dates for Data Collection: Start: _____ End: _____

Name of external funding agency (if any) and proposal title (if different from above):

Review Status (to be completed by the PI):

- ☐ Is exempt from expedited or Full Committee Review (complete Form B)
- ☐ Qualifies for Expedited Committee Review (Complete Form C)
- ☐ Requires Full Committee Review (Complete Form D)

I certify that the statements herein are accurate and complete. I agree to protect the rights and welfare of the human subjects participating in my research, to abide by College guidelines for securing informed consent, to safeguard the

confidentiality of my research data, and to inform the IRB Chairperson/Committee Member should any changes in the research protocol or issues arise with human subjects during the course of this research. I will keep a copy submitted to the IRB Committee. I will provide a copy of the de-identified data and the research results to the Office of Institutional Research upon completion of the research.

Signature of Principal Investigator

Date

To be completed if not affiliated with United Tribes Technical College:

Name of UTTC Faculty/Staff Sponsor: _____

Sponsor Email: _____ Phone Ext: _____

I have reviewed this application and will oversee this research in its entirety.

Signature of UTTC Sponsor

Date