

**Walla Walla University
Ethics in Review Committee (EIRC)**

Student Research and Class Projects Form

Instructor Assurance

By submitting this form, I attest that I am aware of the applicable principles, policies, regulations and laws protecting human subjects in research. This includes the protection of the right to privacy, the protection of confidentiality, the protection of informed consent, and the protections from physical, psychological, spiritual, and social harm for any individual or group participating in qualified research.

I understand that this form must be approved by the EIRC prior to students proceeding with the research project(s) and that students will submit the EIRC application and research proposal to the course instructor for approval instead of the EIRC.

I understand that if the project is intended to add to the generalized body of knowledge for the discipline (i.e. public presentation at professional conferences or publication) and involves human participants in the project it is **subject to a EIRC review and a EIRC application must be submitted.**

Course/Instructor Information

Course Number:

Course Name:

Term: Fall ☐ Winter ☐ Spring ☐ Summer ☐

Year:

Student Information

Student Name(s)	
Title of Project	
Date of Completion	
Student Name(s)	
Title of Project	
Date of Completion	
Student Name(s)	
Title of Project	
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Student Name(s)	
Title of Project	
Date of Completion	

Signature(s)

Initial EIRC Approval Submission:

Supervising Faculty

Date

Completion of Class Projects Submission:

Supervising Faculty

Date

This box is for Walla Walla University's – EIRC Office Use Only

Date Received: _____

Date Approval Sent: _____

EIRC Committee Chair Signature: _____