



UNIVERSITY OF ARKANSAS – FORT SMITH
Request for Course Approval of Research Projects

This approval is valid for one calendar year and is renewable.

IRB Use Only	UAFS IRB Registration No.	E-mail to: irb@uafs.edu
	Date Rec'd:	Course Name and Number:
		Semest er (s), Year:
FACULTY SPONSOR:	Last Name:	First Name:
	Telephone Number:	E-mail:
Brief description of the research project (assignment). Procedures involving human subjects must be submitted separately for approval. Limit description to 250 words.		
Dates of contact with participants	Date of first contact:	Date of las conuacu:
Informed consent procedures. Click on the box and place an X.	Forms to include:	
	<input type="checkbox"/> 1 Signed consent form <input type="checkbox"/> 2. Other method, e.g. implied consent, attach explanation <input type="checkbox"/> 3. Not applicable to this project, attach explanation	
Explain how the researcher will maintain confidentiality of data i.e. student generated work, work samples, artifacts.		

To meet criteria for course approval, check all that apply. Click on the box and place an X.

