



## Institutional Review Board

### CERTIFICATION OF COMPLETION OF STUDENT CLASS PROJECTS

**INSTRUCTOR’S ASSURANCE:** By submitting this protocol, I attest that I am aware of the applicable principles, policies, regulations, and laws governing the protection of human subjects in research and that I made sure that all student projects adhered to these principles. I also certify that I had all students submit an application to me for review and that all human subjects’ protections were met. I also certify that I will maintain these forms for no less than three years, and I understand that the Chair of the IRB may periodically audit my records.

Please submit all forms to [irb@atu.edu](mailto:irb@atu.edu):  
[https://www.atu.edu/ospui/human\\_subjects.php](https://www.atu.edu/ospui/human_subjects.php)

<b>IRB #</b>	
<b>Title of Class:</b>	
<b>Instructor:</b>	
<b>Semester:</b>	

## SIGNATURE:

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\*Faculty Instructor

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Date

*\* If submitted by a faculty member, electronic (typed) signatures are acceptable.*

Please complete the following for each student project. *Please use additional pages if extra space is needed.*

<b>Student Name:</b>	
<b>Title of Project:</b>	
<b>Brief Description:</b>	

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