University of Puerto Rico at Mayagüez
Comité para la Protección de los Seres Humanos en la investigación (CPSHI)
Celis 108, (787) 832-4040 extension 6277

Request for Waiver of IRB Application
Undergraduate Course Form
Fill **one** per course.

To be completed by Faculty teaching an undergraduate course that requires students to develop and conduct a research project as a learning outcome. The assigned research project must meet the federal definition of research: "*a systematic investigation, including research, development, testing and evaluation, designed to develop or contribute to generalizable knowledge*".

1. INSTRUCTOR INFORMATION			
Instructor Name		Academic Title	
Department		Office Extension	
Email Address		Office Number	
Campus Address			
2. COURSE INFORMATION			
Course Title		Course Code	
Academic Year		Semester	

3. CLASSROOM RESEARCH PROJECT ASSIGNMENT

Describe class assignment (or attach syllabus or class handouts. Please highlight relevant areas.)

4. STUDENT PROJECT INFORMATION

Include the title of each project, the full name of each student and whether the project is waived from IRB application or not (must be sent to IRB).

PROJECT TITLE	STUDENT'S FULL NAME	CPSHI WAIVER	TO CPSHI

5. WAIVER REQUIREMENT CHECKLIST

This waiver cannot be granted if one or more of the items in the checklist is answered **No.**

GENERAL		
YES	**NO**	
		Research project is part of the course student learning outcomes.
		I have read the guidelines on course research projects set forth by the CPSHI.
		I have completed training on human subjects in research.[1]
		Students have completed training on human subjects in research.[2]
		As a faculty that teaches this course I know all aspects of the project.
		I ensure the course research project complies with the ethical principles in using human subjects as research participants.

[1] CITI programs (https://www.citiprogram.org/), NIH (http://phrp.nihtraining.com/users/login.php) or CPSHI training.
[2] CITI programs (https://www.citiprogram.org/), NIH (http://phrp.nihtraining.com/users/login.php) or CPSHI training.

6. **FACULTY ASSURANCE**

I, _____, certify that the above information is correct. I accept the primary responsibility for ensuring that the students developing the research projects comply with the principles that ensure the rights and well-being of the human subjects who voluntarily accept to participate. I agree to follow the University of Puerto Rico at Mayagüez guidelines related to the protection of human subjects as stated in the *Assurance for the Protection of Human Subjects in Research.*

Printed Faculty Last and First Name	Signature	Date

Send signed form, undergraduate classroom research project forms and any attachment to CPSHI@uprm.edu

For IRB use only

Received by:_____

Printed Name	Signature	Date