

**APPLICATION FOR PROJECT APPROVAL  
ADVISORY COMMITTEE ON HUMAN EXPERIMENTATION**

1. Name:
2. Department:
3. Campus mailing address:
4. Name of Faculty Supervisor:
5. Title of Research Project:
  
6. Proposed dates of research:
  
7. Please answer the following questions with regard to the proposed research.

Does the research involve: Yes    No

- a. Use of drugs of any other controlled substance?
- b. Mechanical or electrical devices applied to subjects?
- c. Psychological or physical stress?
- d. Deception?
- e. Subjects who would be judged to have limited freedom or judgment (e.g., minors?)
- f. Any procedure or activities that might place the subjects at risk (psychological, physical, or social?)
- g. Use of interviews, surveys, questionnaires, audio or video recordings?

8. Approximate number of subjects to be involved in research:

ALL APPLICATIONS SUBMITTED TO THE COMMITTEE FOR REVIEW MUST BE SIGNED BY ALL INVESTIGATORS. IF THE APPLICATION IS SUBMITTED BY A STUDENT, BOTH THE STUDENT AND THE FACULTY MEMBER SUPERVISING THE RESEARCH ACTIVITY MUST SIGN THE APPLICATION.

**Certification**

I am familiar with the policies and procedures of Knox College regarding use of human subjects in research. I subscribe to the standards and will adhere to the policies and procedures of the Advisory Committee on Human Experimentation. I am familiar with the published guidelines for the ethical treatment of subjects associated with my particular field of study (e.g., as published by the American Psychological Association, American Sociological Association, etc.)

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Student signature

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Faculty signature

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SUPPLEMENT**

In the space provided below, please supply a detailed description of the procedure to be used in the study.