Project Title:

Course Name / Course #:

Please print and sign your name below to acknowledge your understanding of the statements below and how they apply to the course-based research project as part of your curriculum requirements.

* The course-related research projects will involve only voluntary participants.
* The course-related research projects will not involve vulnerable populations (i.e. children, prisoners, or cognitively impaired)
* The course-related research projects involve virtually no risk to participants.
* The results of the research are not meant to speak to audiences beyond the class itself, and the research will not be published in any form (including as a thesis or dissertation), nor presented in any venue outside of the institution.
* If any other institutions are involved in the project (e.g. for the purpose of contacting subjects, or securing their participation) written permission will be obtained from all cooperating institutions and organizations.
* I understand the basic principles of ethical human subjects research and have completed the training and education modules related to ethical research with human subjects through DU’s CITI program.

The DU course-related research project described above meets the following requirements for human subjects research at DU:

* The projects will be assigned as an instructional component in my course, primarily for the purpose of teaching and/or evaluating students.
* I will educate my students regarding ethical practices when conducting research with human subjects.
* I will verify that all individual and group projects involve no more than minimal risk to participants; that they will not focus on subjects who are classified as a vulnerable population group; and the classroom-based research projects will not be published or presented outside of university context.

By completing this form, I agree to comply with the above requirements to allow my students to conduct course-related research projects as part of their class curriculum.

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_