

Request for Subjects Form

Submit this form to CJ Claus at cclaus@towson.edu

1. Name of Investigators (please list the same names in the same order as on the IRB form)

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2. Project Title (Should be the same as on the IRB form)

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3. IRB Protocol Number: \_\_\_\_\_

4. Number of Participants needed: \_\_\_\_\_

5. Do you need (check all that apply and explain below): \_\_\_\_ less than 20 minutes of in-class time \_\_\_\_ more than 20 minutes of in-class time \_\_\_\_ more than one class period \_\_\_\_ participants outside of class time

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6. List your inclusion/exclusion participant requirements.

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7. Attach a copy of the survey or interview questions that you will use.