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)
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

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

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

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

6. List your inclusion/exclusion participant requirements.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

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