



IRB001 PROPOSAL FACE SHEET

**Gratz College, Melrose Park, Pennsylvania
Research Proposal**

Date submitted:

Request for *[Mark one choice]* Expedited Review _____ Full Review _____

Title of Research Proposal:

Principal Investigator	Project Advisor <i>(if Student Proposal)</i>
Name:	Name:
Gratz Degree Program:	Email:
Email:	
Additional Investigator(s)	Additional Investigator(s)
Name:	Name:
Institution:	Institution:
Email:	Email:

Location (online only or on-site):

Other Institution(s) requiring review of this proposal:

Type of Study:

Population Involved:

Maximum no. of subjects:

Signatures:

	NAME	SIGNATURE	DATE
Principal Investigator			
Project Advisor			
Additional Investigator			