Holyoke Community College IRB
REGISTRATION OF CLASSROOM RESEARCH ACTIVITIES

Faculty Member Information

Name: ____________________________________________________________

E-mail Address: ___________________________________________________

Telephone number: _________________________________________________

Department: ______________________________________________________

Course number: ___________________________________________________

Course title: _______________________________________________________

Registration

As the instructor for the above listed course, I certify that:

• The projects are being undertaken for the specific purpose of teaching students how to conduct research.
• Students will complete one of the online courses in human subjects protection listed in the HCC IRB Guidelines OR will receive in-course training on the IRB and ethical issues.
• I will approve all projects and ensure that there is no more than minimal risk to participants.
• Research will be conducted in accordance with standard research practice and ethical standards of the relevant discipline.
• All documentation will identify the research as being part of a class project.
• Data collected from these projects will not be publicly disseminated.

Signature: ______________________________________________________  Date: ______________________